



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service
Prior Authorization Criteria**

**Viberzi® (eluxadoline)
and alosetron (Lotronex®)
Prior Authorization Request Form**

- *Viberzi® is a mu-opioid receptor agonist, indicated in adults for the treatment of irritable bowel syndrome with diarrhea.*
- *Alosetron (Lotronex®) is a selective serotonin 5-HT₃ antagonist indicated **only for women** with severe diarrhea-predominant irritable bowel syndrome (IBS).*

Criteria for initial approval

- 1) Patient must be 18 years of age or older; **AND**
- 2) Must be prescribed by or in consultation with a gastroenterologist; **AND**
- 3) Patient must have a diagnosis of irritable bowel syndrome with diarrhea (IBS-D); **AND**
- 4) Patient must have had trials with inadequate response (or intolerance) to **two** of the following medications in the last 90 days unless contraindicated:
 - a. Loperamide (minimum 14-day trial)
 - b. Lomotil (minimum 14-day trial)
 - c. Antispasmodic (i.e. hyoscyamine, dicyclomine)
 - d. Tricyclic antidepressant (TCAs typically require a 4-week trial for efficacy)
 - e. Xifaxan (minimum 14-day trial)

NOTE: Prior-authorizations will be denied if the patient has constipation or any other contraindication listed in the product package insert.

Brand name Lotronex requires justification why the patient cannot use generic alosetron.

References

- 1) Viberzi package insert revised May 2015
- 2) Lotronex package insert March 2014
- 3) Lexi-Comp Clinical Application 12/07/2016
- 4) American Gastroenterological Association 2014 Guidelines (Pharmacological Management of IBS)
- 5) The Treatment of Irritable Bowel Syndrome. Therap Adv Gastroenterol. . Lacy et al. 2009 Jul; 2(4): 221–238.