

## alosetron (LOTIRONEX)

### Diagnosis Considered for Coverage:

- Irritable Bowel Syndrome (IBS) - diarrhea-predominant

### Coverage Criteria:

#### For diagnosis of Irritable Bowel Syndrome (IBS)-D diarrhea predominant:

##### Initial Authorization

- Patient is female, **and**
- Dose does not exceed 1 mg given twice per day, **and**
- Inadequate response, intolerable side effect, or contraindication to a tricyclic antidepressant (i.e. amitriptyline, desipramine, imipramine, nortriptyline)

**Coverage Duration:** 2 months

##### Reauthorization

- Patient has experienced stable or improving diarrhea or decrease in bowel movements while receiving Lotronex therapy, **and**
- Patient has not experienced constipation while receiving Lotronex therapy, **and**
- Dose does not exceed 1 mg given twice per day.

**Coverage Duration:** one year

**Coverage Duration:** see coverage criteria

### References:

- Prescribing Information. Lotronex. Sebelo Pharmaceuticals Inc. 2019. Lacey, BE, Pimentel, M, Brenner, DM, et. al.
- ACG Clinical Guideline: Management of Irritable Bowel Syndrome. Am J Gastroenterol. 2021; 116 (1): 17-44.

Effective Date: 1/31/2024