

VIBERZI (eluxadoline)

Diagnosis Considered for Coverage:

- Treatment of irritable bowel syndrome with diarrhea (IBS-D)

Coverage Criteria:

Initial Authorization:

- For diagnosis listed above, **and**
- Inadequate response or intolerable side effect to one antispasmodic agent, one anti-diarrheal agent, or one tricyclic antidepressant, **and**
- Dose does not exceed one tablet twice a day.

Coverage Duration: 2 months

Reauthorization:

- Experienced stable or improving IBS symptoms while receiving eluxadoline (Viberzi), **and**
- Has not experienced constipation while receiving eluxadoline (Viberzi), **and**
Dose does not exceed one tablet twice a day.

Coverage Duration: length of benefit

Coverage Duration: See above

Effective: 10/01/2016