MEDICATION POLICY:
Viberzi (eluxadoline)

Applicable Drugs: Viberzi (eluxadoline)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 11/5/2019

Date Last Reviewed / Revised: 5/21/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VI are met)

I. Diagnosis of irritable bowel syndrome with diarrhea (IBS-D).

II. Documented treatment failure or contraindication to one or more drugs from ALL of the following medication categories or medications:

   A. Antispasmodic agents (eg, dicyclomine, hyoscyamine)

   B. Antidiarrheal agents (eg, loperamide, diphenoxylate/atropine)

   C. Tricyclic antidepressants (eg, amitriptyline, imipramine)

   D. Bile acid sequestrant

   E. Rifaximin

III. Minimum age requirement: 18 years old.

IV. Treatment must be prescribed by or in consultation with a gastroenterologist.

V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VI. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- History of gallbladder removal.
- Known or suspected biliary duct obstruction or sphincter of Oddi disease or dysfunction.
- Alcoholism, alcohol abuse, alcohol addiction or documented consumption of more than 3 alcoholic beverages per day.
- History of pancreatitis or structural diseases of the pancreas including known or suspected pancreatic duct obstruction.
- Severe hepatic impairment (Child-Pugh Class C).
- History of chronic or severe constipation, sequelae from constipation, or known or suspected gastrointestinal obstruction.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 60 tablets per 30 days.

APPROVAL LENGTH

- **Authorization** 12 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes confirming the current medical necessity criteria are met and showing the medication is effective, ie improvement in symptoms.

APPENDIX

- N/A

REFERENCES

1. Lembo A, Sultan S, Chang L, Heidelbaugh JJ, Smalley W, Verne GN. AGA clinical practice guideline on the pharmacological management of irritable bowel syndrome with diarrhea. *Gastroenterology*. 2022;163(1):137-151. doi:10.1053/j.gastro.2022.04.017.
2. Viberzi. Prescribing information. Abbvie; 2024. Accessed May 21, 2025. https://www.rxabbvie.com/pdf/viberzi_pi.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.