

Viberzi (eluxadoline)
Effective 01/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Contact Information	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Viberzi is indicated in adults for the treatment of irritable bowel syndrome with diarrhea (IBS-D).

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving and are stable on treatment, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Approval will be granted if the member meets the following criteria:

1. The member has a diagnosis of diagnosis irritable bowel syndrome with diarrhea (IBS-D)
2. The member is at least 18 years of age
2. The member has tried, and failed dietary and lifestyle modifications
3. The member has experienced an allergy or side effect with or has had at least a 1-week trial resulting in treatment failure or inadequate response with loperamide

Limitations

1. Approvals will be granted for 12 months.
2. The following quantity limits apply:

Viberzi 75mg and 100mg tablets	60 tablets per month
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References

1. Viberzi (eluxadoline) [prescribing information]. Madison, NJ: Allergan USA Inc; June 2020
2. Wald, Arnold: Up-To-Date: Treatment of irritable bowel syndrome in adults. Updated on 8/10/2016.
1. Lembo AJ, Lacy BE, Zuckerman MJ, et al. Eluxadoline for Irritable Bowel Syndrome with Diarrhea. N Engl J Med 2016; 374:242.

Review History

09/2016 - Implemented

06/27/2016 - Reviewed

02/26/2018 – Reviewed

02/20/2019 - Updated

03/18/2020 – Reviewed P&T Mtg

01/20/2021 – Reviewed Jan P&T; references updated

11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes.

11/15/2023 – Reviewed and Updated for Nov P&T: Updated to review through all criteria rather than diagnosis OR previous trials AND lifestyle modifications. Effective 1/1/2024

