

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Eluxadoline (Viberzi)

**Notes:**

- Quantity limits: Yes

**Initiation (new start) criteria:** Non-formulary **eluxadoline (Viberzi)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

1. Patient has a diagnosis of irritable bowel syndrome diarrhea predominant (IBS-D)
  - Prescriber is a gastroenterologist
  - Patient does not have a history of cholecystectomy (patient has a gallbladder)
  - Patient is intolerant to, has a contraindication to, or had an inadequate response to scheduled doses of the following medications for the minimum specified durations:
    - Loperamide – 2 weeks
    - Diphenoxylate-atropine (Lomotil) – 2 weeks
    - Dicyclomine – 2 weeks
    - At least one bile acid sequestrant (cholestyramine, colestipol, colesevelam) – 2 weeks
    - At least one tricyclic antidepressant – 6 weeks
    - Rifaximin (criteria based) – at least one 14-day course

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **eluxadoline (Viberzi)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

1. Patient has a diagnosis of irritable bowel syndrome diarrhea predominant (IBS-D)
  - Prescriber is a gastroenterologist
  - Patient does not have a history of cholecystectomy (patient has a gallbladder)
  - Patient is intolerant to, has a contraindication to, or had an inadequate response to scheduled doses of the following medications:
    - Loperamide
    - Diphenoxylate-atropine (Lomotil)
    - Dicyclomine
    - At least one bile acid sequestrant (cholestyramine, colestipol, colsevelam)
    - At least one tricyclic antidepressant
    - Rifaximin (criteria based)

# Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Eluxadoline (Viberzi)

**Continued use criteria for patients stable on the medication:** Non-formulary **eluxadoline (Viberzi)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a gastroenterologist

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