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

**Coverage Guidelines**
Requests for Viberzi will be approved for members who meet the following criteria:

1. The member has a diagnosis of diagnosis irritable bowel syndrome with diarrhea (IBS-D) **AND**
2. The member is at least 18 years of age **AND**
3. The member has been started and stabilized on Viberzi *(Note: Samples are not considered adequate justification for started & stabilized)*

**OR**

2. The member has tried, and failed dietary and lifestyle modifications **AND**
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

**References**
1. Viberzi (eluxadoline) [prescribing information]. Irvine, CA: Allergan USA Inc; June 2018.

**Review History**
09/2016 - Implemented
06/27/16 - Reviewed
02/26/18 – Reviewed
02/20/19 - Updated

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