

## eluxadoline (Viberzi®)



Policy Type: PA

Pharmacy Coverage Policy: EOCCO179

### **Description**

Eluxadoline (Viberzi) is an orally administered mu-opioid receptor agonist that interacts with receptors in the stomach.

## **Length of Authorization**

Initial: Three monthsRenewal: 12 months

### **Quantity Limits**

Product Name	Dosage Form	Indication	Quantity Limit
eluxadoline	75 mg tablets	Irritable bowel syndrome with diarrhea (IBS-D)	60 tablets/30 days
(Viberzi)	100 mg tablets		

#### **Initial Evaluation**

- I. Eluxadoline (Viberzi) may be considered medically necessary when the following criteria are met:
  - A. A diagnosis of Irritable Bowel Syndrome with Diarrhea (IBS-D); AND
    - 1. The member is 18 years of age or older; AND
    - 2. Prescribed by, or in consultation with, a gastroenterologist; AND
    - 3. Treatment with at least <u>three therapies from three different groups</u> have been ineffective, not tolerated, or **ALL** are contraindicated (please note, if one or more groups is contraindicated, a trial of three agents from the remaining groups will be required):
      - a. Group 1: antidiarrheal (e.g. loperamide, bismuth subsalicylate, diphenoxylate/atropine, or paregoric)
      - b. Group 2: bile acid sequestrant (e.g. cholestyramine and colestipol)
      - c. Group 3: antispasmodic (e.g. dicyclomine and hyoscyamine)
      - d. Group 4: Tricyclic serotonergic agent: (e.g. amitriptyline, nortriptyline, imipramine, or desipramine)
- II. Eluxadoline (Viberzi) is considered <u>investigational</u> when used for all other conditions, including but not limited to:
  - A. Diabetic diarrhea



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- B. Diarrhea associated with fecal incontinence
- C. Pediatric IBS-D
- D. Mixed IBS or IBS with constipation

#### **Renewal Evaluation**

- I. Member has received a previous prior authorization approval for this agent through this health plan; **AND**
- II. Member is not continuing therapy based off being established on therapy through samples, manufacturer coupons, or otherwise. Initial policy criteria must be met for the member to qualify for renewal evaluation through this health plan; AND
- III. The medication is prescribed by, or in consultation with, a gastroenterologist; AND
- IV. The member has demonstrated a beneficial response to therapy [e.g. symptomatic improvement, improvement in pain associated with IBS-D, a decrease in score for the Bristol Stool Scale (BSS) for stool consistency]

## **Supporting Evidence**

- I. The efficacy and safety of eluxadoline (Viberzi) for IBS-D was evaluated in two randomized, double-blind, placebo-controlled trials. Treatment arms were 75 mg, 100 mg, or placebo all administered twice daily. Patients were 18-80 years of age and all met ROME III criteria for IBS-D. Patients, on average, had a pain score of 3 (0-10) in abdominal pain due to IBS-D, an average daily stool consistency of 5.5 or greater, and at least five days with a BSS score of 5 or greater (1-7). The BSS for stool consistency is rated on a scale of 1-7, with 1 being hard to pass or lumpy stool, and 7 being entirely liquid stool. Efficacy was assessed via a responder composite endpoint of simultaneous improvement in the daily worse abdominal pain score by 30% or greater compared to baseline AND a reduction in BSS to less than 5 for at least half of the days within a 12-week timeframe.
  - Study 1: A 26-week study of 1,281 patients, with an additional 26 weeks for safety evaluation. Eluxadoline (Viberzi) showed a 23-29% response rate compared to 17% for placebo. Composite response rates were statistically significant at 12 weeks for both strengths, and the 26-week endpoint was statistically significant for the 100 mg.
  - Study 2: A 26-week study of 1,145 patients. This study also included a 4-week withdrawal period upon completion of the 26-week phase. During the withdrawal period, patients were permitted to take rescue loperamide therapy for uncontrolled diarrhea. Eluxadoline (Viberzi) showed a 29-33% response rate compared to 16-20%



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for placebo. Composite response rates were statistically significant for both strengths at week 12 and 26.

II. Conventional treatment options for IBS-D include antidiarrheals, antibiotics, antispasmodics, antidepressants, and bile acid sequestrants; all of which, the American College of Gastroenterology gave moderate or weak recommendations because of poor quality of evidence and applicability to patient groups. However, due to insufficient comparative evidence for efficacy, conventional treatment options still provide a better value over eluxadoline (Viberzi). Notably, of the antidepressants, tricyclic agents have been shown to slow intestinal transit; however, SSRI/SNRI agents have less published data and the data available is inconsistent in showing benefit in IBS.

## **Investigational or Not Medically Necessary Uses**

- I. Eluxadoline (Viberzi) has not been FDA-approved, or sufficiently studied for safety and efficacy for the conditions or settings listed below:
  - A. Diabetic diarrhea
  - B. Diarrhea associated with fecal incontinence
  - C. Pediatric IBS-D
  - D. Mixed IBS or IBS with constipation

#### References

- 1. Viberzi [Prescribing Information]. Madison, NJ: Allergan USA. April 2018.
- 2. U.S. National Library of Medicine. clinicaltrials.gov. https://clinicaltrials.gov/ct2/results?cond=eluxadoline&term=&cntry=&state=&city=&dist=. Accessed March 2020.
- 3. Lembo AJ, Lacy BE, Zuckerman MJ, et al. Eluxadoline for Irritable Bowel Syndrome with Diarrhea. N Engl J Med. 2016;374(3):242-53.
- 4. Weinberg DS, Smalley W, Heidelbaugh JJ, Sultan S; Amercian Gastroenterological Association. American Gastroenterological Association Institute Guideline on the pharmacological management of irritable bowel syndrome. Gastroenterology. 2014 Nov;147(5):1146-8. doi: 10.1053/j.gastro.2014.09.001. Epub 2014 Sep 16.
- 5. Shah ED, Basseri RJ, Chong K, Pimentel M, Abnormal breath testing in IBS: a meta-analysis. Dig Dis Sci. 2010 Sep;55(9):2441-9. Epub 2010 May 14.
- 6. Clinical Guidelines (Sortable List. American College of Gastroenterology. <a href="http://gi.org/clinical-guidelines/clinical-guidelines/clinical-guidelines-sortable-list/">http://gi.org/clinical-guidelines/clinical-guidelines/clinical-guidelines/clinical-guidelines/clinical-guidelines-sortable-list/</a>. Accessed March 2020.

## **Policy Implementation/Update:**

Action and Summary of Changes	Date
Policy Created	01/2021