

Drugs for Diarrhea

Goal(s):

- Promote use that is consistent with medical evidence and product labeling.

Length of Authorization:

- Up to 12 months

Requires PA:

- Eluxadoline (Viberzi), Alosetron (Lotronex) and Loperamide at doses > 16 mg/day

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the diagnosis funded by the OHP?	Yes: Go to #3	No: Not eligible for EPSDT review: Pass to RPh. Deny; diagnosis not covered by OHP. Eligible for EPSDT review: Go to #3
3. Is this a request for continuation of therapy previously approved by the FFS program?	Yes: Go to Renewal Criteria	No: Go to #4
4. Is the diagnosis irritable bowel syndrome (IBS) with diarrhea with the following symptoms for the past 3 months: <ul style="list-style-type: none"> • Frequent and severe abdominal pain and discomfort AND • Frequent bowel urgency or fecal incontinence AND • Disability or restriction of daily activities due to IBS 	Yes: Go to #5	No: Pass to RPh. Deny for medical appropriateness
5. Is the request for eluxadoline in an adult?	Yes: Go to #6	No: Go to #9
6. Have baseline liver function tests been obtained?	Yes: Go to #7	No: Pass to RPh. Deny for medical appropriateness

Approval Criteria		
7. Is there documentation of sphincter of Oddi problems, cholecystectomy, alcohol dependence, pancreatitis or severe liver impairment?	Yes: Pass to RPh. Deny for medical appropriateness	No: Go to #8
8. Does the patient have normal hepatic function or if they have mild or moderate hepatic function has the eluxadolone dose been adjusted to 75 mg twice daily?	Yes: Approve for 12 months	No: Pass to RPh. Deny for medical appropriateness
9. Is the request for alosetron in an adult woman who has chronic IBS-D symptoms (e.g., last longer than 6 months)?	Yes: Go to #10	No: Pass to RPh. Deny for medical appropriateness
10. Have anatomic or biochemical abnormalities of the gastrointestinal tract been excluded?	Yes: Approve for 12 months	No: Pass to RPh. Deny for medical appropriateness

Renewal Criteria		
1. Is the request for irritable bowel syndrome with diarrhea?	Yes: Go to #2	No: Pass to RPh. Deny; medical appropriateness.
2. Does the provider attest that the patient's symptoms have improved with therapy as evidenced by less frequent bowel movements compared to baseline?	Yes: Approve for 12 months	No: Pass to RPh. Deny; medical appropriateness.

P&T Review: 2/25 (DM):
Implementation: 3/10/25