HEALTH PLANS
UNIVERSITY OF UTAH

PRIOR AUTHORIZATION REQUEST FORM

IRRITABLE BOWEL SYNDROME WITH DIARRHEA (IBS-D)

Lotronex®, Viberzi®, Xifaxan®

For authorization, please answer each question and fax this form PLUS chart notes back to the U of U Health Plans Prior Authorization Department at 888-509-8142. Failure to submit clinical documentation to support this request will result in delay and/or denial of the request.

If you have prior authorization questions, please call for assistance: Healthy U: 855-856-5694, University of Utah Health Employees: 855-856-5690, Individual & Family Plans : 855-869-4769, Commercial Groups: 855-859-4892, MHC 855-885-7695

Date:	Member Name:	ID#:
DOB:	Gender:	Physician:
Office Phone:	Office Fax:	Office Contact:
Height/Weight:		

Member must try formulary preferred drugs before a request for a non-preferred drug may be considered. If treatment with preferred products has not been successful, you must submit which preferred products have been tried, dates of treatment, and reason for failure. Reasons for failure must meet the Health Plan medical necessity criteria.

Product being requested: ☐ Lotronex® (alosetron), ☐ Vibrezi® (eluxadoline), ☐ Xifaxan® (rifaximin)

Dosing/Frequency:_____

If the request is for reauthorization, proceed to reauthorization section

Questions	Yes	No	Comments/Notes
1. Has the member been diagnosed with irritable bowel syndrome with diarrhea?	☐	☐	
2. Is the member 18 years of age or older?	☐	☐	
3. Has the member experienced recurrent abdominal pain on average of at least 1 day/week in the last 3 months?	☐	☐	**Please provide documentation**
4. Is the recurrent abdominal pain associated with at least two of the following: defecation, change in frequency of stool, change in form/appearance of stool?	☐	☐	**Please provide documentation**
5. Is the requesting provider a gastroenterologist?	☐	☐	
6. Has the member had a trial and failure of nutritional and/or behavioral therapy (e.g. lactose restriction, gluten-free, low carb, increased physical activity, etc.)?	☐	☐	**Please provide documentation**
7. Has the member had a trial and failure of, or contraindication to, at least one antidiarrheal (e.g. loperamide, diphenoxylate)?	☐	☐	**Please provide documentation**
8. Has the member had a trial and failure of, or contraindication to, at least one antispasmodic (e.g. dicyclomine, hyoscyamine)?	☐	☐	**Please provide documentation**
9. Has the member had a trial and failure of, or contraindication to, at least one tricyclic antidepressant (e.g. imipramine, desipramine)?	☐	☐	**Please provide documentation**

10. For Vibrezi®, does the member have any of the following: • No gallbladder • Known or suspected biliary duct obstruction or sphincter of Oddi disease/dysfunction • Alcoholism, alcohol abuse, or >3 alcoholic beverages/day • History of pancreatitis or structural disease of the pancreas • Severe hepatic impairment • Severe constipation or sequelae from constipation	☐	☐	
11. For Lotronex®, does the member have any of the following: • History of chronic or severe constipation • History of intestinal obstruction, stricture, toxic megacolon, gastrointestinal perforation and/or adhesions • History of ischemic colitis, impaired intestinal circulation, ulcerative colitis, or Crohn's disease • Active diverticulitis or a history of diverticulitis • Concomitant use of fluvoxamine	☐	☐	
REAUTHORIZATION			
1. Is the request for reauthorization?	☐	☐	
2. Does updated clinical documentation show continued medical necessity and disease stabilization or improvement of disease?	☐	☐	**Please provide documentation**
3. Please note: rifampin will only be approved for a maximum of three 14-day courses.	☐	☐	
What medications and/or treatment modalities have been tried in the past for this condition? Please document name of treatment, reason for failure, treatment dates, etc.			
Additional information:			
Physician's Signature:			

****Failure to submit clinical documentation to support this request will result in delay and/or denial of the request****

Policy PHARM- 034
Origination Date: 03/16/2018
Reviewed/Revised Date: 03/25/2020
Next Review Date: 03/25/2021
Current Effective Date: 03/26/2020