

Request for Prior Authorization-Continued
ELUXADOLINE (VIBERZI™)
 (PLEASE PRINT – ACCURACY IS IMPORTANT)

Diagnosis: _____

Treatment failures:

Antispasmodic Trial (dicyclomine or hyoscyamine):

Drug name & dose: _____ Trial dates: _____

Reason for failure: _____

Antidiarrheal Trial (loperamide): Dose: _____ Trial dates: _____

Reason for failure: _____

Indicate if patient has any of the following contraindications to therapy:

- Patient is without a gallbladder: No Yes
- Known or suspected biliary duct obstruction, or sphincter of Oddi disease/dysfunction: No Yes
- Alcoholism, alcohol abuse, alcohol addiction, or consumption of more than 3 alcoholic beverages per day: No Yes
- A history of pancreatitis or structural diseases of the pancreas (including known or suspected pancreatic duct obstruction): No Yes
- Severe hepatic impairment (Child-Pugh Class C): No Yes
- Severe constipation or sequelae from constipation: No Yes
- Known or suspected mechanical gastrointestinal obstruction: No Yes

Renewal Requests

Has patient developed any contraindications to therapy (defined above)?

No Yes (document contraindications to therapy): _____

Has patient experienced a positive clinical response to therapy as demonstrated by at least one of the following?

- Improvement in abdominal cramping or pain
- Improvement in stool frequency and consistency

Possible drug interactions/conflicting drug therapies: _____

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission
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IMPORTANT NOTE: *In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.*