

***Title: alosetron (Lotronex)***

<b>Origination:</b> 06/28/00	<b>Revised:</b> 05/25/11	<b>Annual Review:</b> 12/15/11
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**Purpose:**

To provide guidelines and criteria for the review and decision determination of requests for medications that requires prior authorization.

**Background Information:**

***Medication Summary***

- Lotronex is indicated for the treatment of Irritable Bowel Syndrome (IBS) in female Members whose predominant bowel symptom is diarrhea.
- Lotronex is an oral selective serotonin 5-HT<sub>3</sub> receptor antagonist.
- Manufacturer voluntarily removed Lotronex from the market in November 2000, but in June 2002, the medication was reintroduced. A Box Warning was placed on the label indicating that patients must first have a follow-up exam before refills could be provided. Members and physicians must sign a risk-benefit statement and agree to adhere to the instructions in the manufacturer's package insert prior to the medication being prescribed.

***Reference Statement***

- Guidelines will be compiled from available US Food and Drug Administration (FDA) approved indications, general practice guidelines, and/or evidence-based uses established through phase III clinical studies without published conflicting data. Only clinical studies published in their entirety in reputable peer-reviewed journals will be evaluated.

***Eligibility Criteria***

- Member must be eligible for benefit coverage (i.e., self-injectable rider) within the specified date(s) of service.
- Prior authorization requests that do not meet clinical criteria in this Procedure will be forwarded to a Clinical Pharmacist for review.

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**Background Information, continued:**

***Exclusion Criteria***

- Male (only indicated for use in females);
- History of chronic or severe constipation or with a history of sequelae from constipation;
- History of intestinal obstruction, stricture, toxic megacolon, gastrointestinal perforation, and/or adhesions;
- History of ischemic colitis, impaired intestinal circulation, thrombophlebitis, or hypercoagulable state;
- Current or history of Crohn's disease or ulcerative colitis;
- Active diverticulitis or history of diverticulitis;
- Impaired mental capacity that limits ability to understand or comply with the Patient-Physician Agreement;
- Known hypersensitivity to any component of the product;
- Absence of the Physician-Patient Agreement form prior to receiving their prescription.

**Procedure:**

- 1.0 Request for *initial therapy* with Lotronex for **diarrhea predominant IBS** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying the following:
  - 1.1 Diagnosis of **diarrhea predominant IBS** with severe symptoms as evidenced by one (1) or more of the following:
    - 1.1.1 Frequent/severe abdominal discomfort or pain;
    - 1.1.2 Frequency bowel urgency or fecal incontinence (greater than 3 bowel movements per day);
    - 1.1.3 Disability or restriction of daily activities due to IBS; **OR**
    - 1.1.3 Two (2) or more of the following present at least 25% of the time:
      - 1.1.3.1 Change in stool frequency (more than three (3) bowel movements per day or fewer than three (3) bowel movements per week);
      - 1.1.3.2 Noticeable difference in stool form (hard, loose and watery stools or poorly formed stools);
      - 1.1.3.3 Passage of mucous in stools;
      - 1.1.3.4 Bloating or feeling of abdominal distension;
      - 1.1.3.5 Altered stool passage (sensations of incomplete evacuation, straining or urgency);

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**Procedure, continued:**

- 1.0 Request for *initial therapy* with Lotronex for **diarrhea predominant IBS** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying the following, continued:
  - 1.2 Member must be 18 years of age or older;
  - 1.3 Prescriber must be enrolled in the manufacturer-sponsored prescribing program for Lotronex;
  - 1.4 Member must be female;
  - 1.5 Member's must have documented continuous or recurrent symptoms for at least six (6) months;
  - 1.6 Member must have tried and failed at least a one (1) month trial of conventional therapy, to include at least two (2) of the following treatment regimens:
    - 1.6.1 Dietary changes (including fiber), or stress reduction, or behavioral changes;
    - 1.6.2 Antidiarrheals up to the recommended daily maximum dosages (loperamide, diphenoxylate/atropine);
    - 1.6.3 Antispasmodics (dicyclomine, Donnatal, hyoscyamine);
    - 1.6.4 Tricyclic antidepressants (amitriptyline, desipramine);
    - 1.6.5 Bulking agents or bile acid sequestrant (psyllium, polycarbophil, methylcellulose, cholestyramine);
  - 1.7 If the Member meets all of the above criteria, may approve Lotronex up to a maximum dose of 2mg per day for up to three (3) months.
- 2.0 Request for *continuation of therapy* beyond initial authorization period for **diarrhea predominant IBS** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying all of the following:
  - 2.1 Reduction in Member's signs and symptoms of IBS (i.e., reduction in abdominal pain, improvement in frequency of bowel movements); **AND**
  - 2.2 No development of any adverse effects (such as constipation or ischemic colitis) or contraindications/exclusions that would prevent continuation;
  - 2.3 If all criteria are met, up to a maximum dose of 2mg per day of Lotronex may be approved for one (1) year of therapy.

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**References:**

1. Lotronex Prescribing Information. Prometheus Laboratories, Inc. San Diego, CA. April 2008.
2. Thompson, WG, Creed F, Drossman DA, et. Al. Functional bowel disease and functional abdominal pain. *Gastroenterol Int.* 1992;5:75-91.
3. Brandt, L., Greenwald, D., DuPont, H., Katz, S., et al.: “Acute and Chronic Diarrhea: A Primer on Diagnosis and Treatment”, American College of Gastroenterology 1998.
4. American Gastroenterological Association Medical Position Statement: Irritable Bowel Syndrome. *Gastroenterology* 2002;123: 2105-2107.
5. Fass R, Longstreth G, Pimental M et al. Evidence- and Consensus-Based Practice Guidelines for the Diagnosis of Irritable Bowel Syndrome. *Arch Intern Med* 2001;161:2081-88.
6. Dalrymple J, Bullock I. Diagnosis and management of irritable bowel syndrome in adults in primary care: summary of NICE guidance. *BMJ.* 2008 Mar 8;336(7643):556-8.
7. Hammerle C, Surawicz C. Updates on treatment of irritable bowel syndrome. *World J Gastroenterol* 2008 May 7; 14(17):2639-2649.

**Disclaimer Information:**

Prior Authorization criteria are developed to determine coverage for AvMed Health Plans’ benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed Health Plans makes coverage decisions based on the Member’s benefit plan contract and these criteria. This guideline sets forth concise clinical coverage criteria which have been developed from a review of current literature, policies of the FDA and other government agencies, and other appropriate references, in consultation and with approval from practicing physicians who are members of AvMed’s Pharmacy and Therapeutic committee. Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change. The use of these criteria is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.