



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Lotronex™ (alosetron)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be at least 18 years of age
- Member must be female with a diagnosis of irritable bowel syndrome with diarrhea
- Member must have had unsuccessful trial on loperamide

Limitations:

- Max daily dose limit is 2 tablets daily