

**AMITIZA\***  
**(lubiprostone)**

\*Prior authorization for certain non-covered formulations applies only to formulary exceptions  
Preferred product: lubiprostone

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnoses

Patient must have **ONE** of the following:

1. Chronic idiopathic constipation (CIC)
2. Opioid-induced constipation (OIC) with **ONE** of the following:
  - a. Patient has chronic non-cancer pain
  - b. Patient has chronic pain related to prior cancer or its treatment and does **NOT** require frequent opioid dosage increases
3. Irritable bowel syndrome with constipation (IBS-C)
  - a. Patient is female

**AND ALL** of the following for **ALL** indications:

- a. Absence of gastrointestinal obstruction
- b. **NO** dual therapy with other legend constipation medications (see Appendix 1)

## Prior - Approval Limits

### Quantity

| Medication | Quantity Limit              |
|------------|-----------------------------|
| 8 mcg      | 180 capsules per 90 days OR |
| 24 mcg     | 180 capsules per 90 days    |

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 18 years of age or older

### **Diagnoses**

Patient must have **ONE** of the following:

1. Chronic idiopathic constipation (CIC)
2. Opioid-induced constipation (OIC) with **ONE** of the following:
  - a. Patient has chronic non-cancer pain
  - b. Patient has chronic pain related to prior cancer or its treatment and does **NOT** require frequent opioid dosage increases
3. Irritable bowel syndrome with constipation (IBS-C)
  - a. Patient is female

**AND ALL** of the following for **ALL** indications:

- a. Improvement in constipation symptoms
- b. Absence of gastrointestinal obstruction
- c. **NO** dual therapy with other legend constipation medications (see Appendix 1)

## **Prior – Approval *Renewal* Limits**

Same as above

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### **Appendix 1 - List of Legend Constipation Medications**

| <b>Generic Name</b> | <b>Brand Name</b> |
|---------------------|-------------------|
| linaclotide         | Linzess           |
| lubiprostone        | Amitiza           |
| methylnaltrexone    | Relistor          |
| naldemedine         | Symproic          |
| naloxegol           | Movantik          |
| plecanatide         | Trulance          |
| prucalopride        | Motegrity         |

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| tenapanor | lbsrela |
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