



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Amitiza[®] (lubiprostone)

Effective 2/24/2016

[Prior Authorization Request Form](#)

Prior authorization requests for Amitiza will be approved if the following criteria are met:

1. Diagnosis of chronic idiopathic constipation, with less than three spontaneous bowel movements per week, **OR**
2. **Female** with a diagnosis of Irritable Bowel Syndrome with Constipation (IBS-C), **OR**
3. Diagnosis of opioid induced constipation accompanied by a diagnosis of non-cancer chronic pain (Diagnosis of chronic pain must be documented with diagnostic studies, if appropriate.)

AND EACH of the following:

4. Patient is eighteen (18) years of age or older; **AND**
5. Documented failure of an increase in dietary fiber/dietary modification; **AND**
6. Documented failure of at least fourteen (14) days of therapy with an osmotic laxative; **AND**
7. Appropriate screening for colon cancer, history of bowel obstruction, hepatic or renal disease, hypothyroidism, pelvic floor abnormalities, and spinal cord abnormalities.

Note:

- Amitiza is pregnancy category C; caution is advised when considering use during pregnancy.
- The initial approval will be authorized for a period of twelve (12) weeks. After follow-up with the prescriber, authorization may be granted for a period of twelve (12) months.

References

UpToDate (1/29/2015) – Management of Chronic Idiopathic Constipation
Amitiza package insert (revised April 2013)
Lexi-Comp Clinical Application 1/29/2015

Approved 5/14/2008
v2015.1b Revised 3/08/2016 BMT