



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Lubiprostone (Amitiza)

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Effective Date: 3/4/2024

Last Review Date: 01/2024

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Maryland
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Florida Kids	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for lubiprostone under the patient's prescription drug benefit.

### Description:

#### Chronic Idiopathic Constipation in Adults

Lubiprostone is indicated for the treatment of chronic idiopathic constipation (CIC) in adults.

#### Opioid-Induced Constipation in Adult Patients with Chronic Non-Cancer Pain

Lubiprostone is indicated for the treatment of opioid-induced constipation (OIC) in adult patients with chronic, non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (e.g., weekly) opioid dosage escalation.

#### Limitations of Use:

Effectiveness of lubiprostone in the treatment of opioid-induced constipation in patients taking diphenyl-heptane opioids (e.g., methadone) has not been established.

#### Irritable Bowel Syndrome with Constipation

Lubiprostone is indicated for the treatment of irritable bowel syndrome with constipation (IBS-C) in women at least 18 years old.

### Applicable Drug List:

Lubiprostone

### Policy/Guideline:

**The requested drug will be covered with prior authorization when the following criteria are met:**

- The requested drug is being prescribed for the treatment of chronic idiopathic constipation (CIC) in an adult patient
- AND**
- The patient had treatment failure with one of the following classes: A bulk forming laxative (psyllium, or fiber), or a stimulant laxative (bisacodyl, or senna)
- OR**
- The requested drug is being prescribed for the treatment of opioid-induced constipation (OIC) in an adult patient with chronic, non-cancer pain, including



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chronic pain related to prior cancer or its treatment who does not require frequent (for example, weekly) opioid dosage escalation

**AND**

- The patient had treatment failure from at least one medication in the stimulant laxative group (for example, bisacodyl, sodium picosulfate, or senna)

**OR**

- The requested drug is being prescribed for the treatment of irritable bowel syndrome with constipation (IBS-C) in a biological female or a person that self-identifies as a female who is 18 years of age or older

**AND**

- The member had treatment failure with one of the following classes: Bulk forming laxative (psyllium, or fiber), or a stimulant laxative (bisacodyl, or senna)

**Approval Duration and Quantity Restrictions:**

**Approval:** 12 months

**Quantity Level Limit:** Reference Formulary for drug specific quantity level limits

**References:**

1. Amitiza [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc; Bedminster, NJ: Sucampo Pharma Americas LLC; November 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed July 5, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 07/05/2023).