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
v2015.1c Revised 1/17/2017 BMT