



Office of Pharmacy Service Prior Authorization Criteria

Amitiza® (lubiprostone)

Amitiza® will be prior authorized for patients 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. Greater than 18 years of age
5. Documentation of change in diet
6. Documented failure of at least fourteen (14) days of therapy **each** with osmotic and bulk forming laxatives
7. Negative pregnancy test prior to starting therapy if at risk
8. Capable of complying with effective contraceptive measures if at risk
9. Be appropriately screened for colon cancer, history of bowel obstruction, hepatic or renal disease, hypothyroidism, pelvic floor abnormalities, and spinal cord abnormalities.

The initial approval will be authorized for a period of twelve weeks. After follow-up with the prescriber, authorization may be granted for a period of 12 months.