

## lubiprostone (AMITIZA)

### Diagnoses Considered for Coverage:

- Idiopathic, chronic constipation (ICC)
- Irritable Bowel Syndrome (IBS)
- Opioid-induced chronic constipation (OIC)

### Coverage Criteria:

#### For idiopathic or opioid-induced chronic constipation:

- Patient is at least 18 years of age, **and**
- Inadequate response, intolerable side effect, or contraindication to Linzess, **and**
- Dose does not exceed FDA label maximum.

#### For IBS with constipation:

- Patient is female, **and**
- Patient is at least 18 years of age, **and**
- Inadequate response, intolerable side effect, or contraindication to Linzess, **and**
- Dose does not exceed FDA label maximum.

#### For diagnosis of opioid-induced chronic constipation:

- Patient is at least 18 years of age, **and**
- Inadequate response, intolerable side effect, or contraindication to Movantik, **and**
- Dose does not exceed FDA label maximum.

### Coverage Duration: one year

Effective date: 5/31/2023