Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Amitiza (lubiprostone)***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***May 2016***

Last P & T Committee Approval Date: *February 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Amitiza (lubiprostone).

Amitiza (lubiprostone) is indicated for:

- Treatment of chronic idiopathic constipation in adults
- Treatment of opioid-induced constipation in adults with chronic, non-cancer pain
- Treatment of irritable bowel syndrome with constipation in women ≥ 18 years old

DEFINITIONS

N/A

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002

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Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Amitiza (lubiprostone), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective header:

1. **Automatic coverage:**
   - Must have a documented pharmacy claim history for Linzess (linaclotide) or Movantik (naloxegol) in the past 3 months

2. **Members without a documented claims history:**
   - Must have chart documentation which shows the member has failed therapy with Linzess (linaclotide) or Movantik (naloxegol)

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A
Quantity Level Limit	
Amitiza	60 capsules per month

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Amitiza [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc.; April 2013.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual Review	*2/17, 02/18*