



## PROCEDURE

### Initial Authorization Criteria:

*Must meet all criteria listed under each drug and the respective diagnosis:*

### **For chronic idiopathic constipation (CIC) and irritable bowel syndrome-constipation predominant (IBS-C):**

- Must have documentation of an adequate trial and failure of all the following:
  - Two generic products (e.g. bisacodyl tablets/suppositories, docusate capsules, lactulose solution, polyethylene glycol, senna tablets/syrup)
  - Linzess

### **For Opioid Induced Constipation (OIC):**

- Must have documentation of an adequate trial and failure of all the following:
  - Two generic products (e.g. bisacodyl tablets/suppositories, docusate capsules, lactulose solution, polyethylene glycol, senna tablets/syrup)
  - Movantik

### Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Quantity Level Limit	
8 mcg capsules	60 capsules per 30 days
24 mcg capsules	60 capsules per 30 days

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

## 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.

*Amitiza Step Therapy*  
POLICY NUMBER: *RX.PA.464*  
REVISION DATE: *N/A*  
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**REVIEW HISTORY**

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>New Policy</i>	10/18