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Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Gastrointestinal Agents	Original Policy Date:	December 8, 2017
Subject:	Amitiza	Page:	1 of 6

Last Review Date: March 7, 2025

Amitiza

Description

Amitiza* (lubiprostone)

*Prior authorization for certain non-covered formulations applies only to formulary exceptions Preferred product: lubiprostone

Background

Amitiza is a chloride channel activator. Amitiza is a specific activator of CIC-2 chloride channels in the intestinal epithelium and bypasses the antisecretory action of opiates by activation of apical CIC-2 channels. Amitiza has a mechanism of action that works locally in the intestine to increase fluid secretion, resulting in increased passage of stool and alleviating symptoms associated with chronic idiopathic constipation (1).

Regulatory Status

FDA-approved indications: Amitiza is a chloride channel activator indicated for: (1)

- 1. Treatment of chronic idiopathic constipation (CIC) in adults
- 2. Treatment of opioid-induced constipation (OIC) in adult patients with chronic, non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (e.g., weekly) opioid dosage escalation
- 3. Treatment of irritable bowel syndrome with constipation (IBS-C) in women ≥ 18 years old

Limitations of Use:

Effectiveness of Amitiza in the treatment of OIC in patients taking diphenylheptane opioids (e.g., methadone) has not been established (1).

Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Gastrointestinal Agents	Original Policy Date:	December 8, 2017
Subject:	Amitiza	Page:	2 of 6

Amitiza is contraindicated in patients with known or suspected mechanical gastrointestinal obstruction (1).

Safety and effectiveness of Amitiza in pediatric patients have not been established (1).

Related policies

Ibsrela, Linzess, Motegrity, Opioid Antagonist Drug Class, Trulance

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Amitiza may be considered medically necessary if the conditions indicated below are met.

Amitiza may be considered investigational for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

- 1. Chronic idiopathic constipation (CIC)
- 2. Opioid-induced constipation (OIC) with **ONE** of the following:
 - a. Patient has chronic non-cancer pain
 - b. Patient has chronic pain related to prior cancer or its treatment and does **NOT** require frequent opioid dosage increases
- 3. Irritable bowel syndrome with constipation (IBS-C)
 - a. Patient is female

AND ALL of the following for **ALL** indications:

- a. Inadequate treatment response to **ALL** of the following laxative therapies:
 - i. Bulk-forming laxative [e.g., psyllium (Metamucil)]
 - ii. Stimulant laxative [e.g., senna (Senokot)]

Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Gastrointestinal Agents	Original Policy Date:	December 8, 2017
Subject:	Amitiza	Page:	3 of 6

- iii. Osmotic laxative [e.g., polyethylene glycol 3350 (Miralax)]
- b. Absence of gastrointestinal obstruction
- NO dual therapy with other legend constipation medications (see Appendix 1)

Prior – Approval Renewal Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

- 1. Chronic idiopathic constipation (CIC)
- 2. Opioid-induced constipation (OIC) with **ONE** of the following:
 - a. Patient has chronic non-cancer pain
 - b. Patient has chronic pain related to prior cancer or its treatment and does **NOT** require frequent opioid dosage increases
- 3. Irritable bowel syndrome with constipation (IBS-C)
 - a. Patient is female

AND ALL of the following for ALL indications:

- a. Improvement in constipation symptoms
- b. Absence of gastrointestinal obstruction
- c. NO dual therapy with other legend constipation medications (see Appendix 1)

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity

Medication	Quantity Limit
8 mcg	180 capsules per 90 days OR

Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Gastrointestinal Agents	Original Policy Date:	December 8, 2017
Subject:	Amitiza	Page:	4 of 6

24 mcg 180 capsules per 90 days

Duration 12 months

Prior – Approval Renewal Limits

Same as above

Rationale

Summary

Amitiza is a specific activator of CIC-2 chloride channels in the intestinal epithelium and bypasses the antisecretory action of opiates by activation of apical CIC-2 channels. Amitiza has a mechanism of action that works locally in the intestine to increase fluid secretion. Safety and effectiveness of Amitiza in pediatric patients have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Amitiza while maintaining optimal therapeutic outcomes.

References

1. Amitiza [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc.; November 2020.

Policy History

Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Gastrointestinal Agents	Original Policy Date:	December 8, 2017
Subject:	Amitiza	Page:	5 of 6

December 2019 March 2020	Annual review Annual review. Added "absence of gastrointestinal obstruction" to renewal requirements
June 2020	Annual review
March 2021	Annual review and reference update
March 2022	Annual review
July 2022	Addition of Ibsrela to Appendix 1
September 2022	Annual review
December 2022	Annual review. Amitiza brand name changed to require FE + PA
March 2023	Annual review
June 2023	Annual review
March 2024	Annual review
June 2024	Annual review
March 2025	Annual review
Keywords	

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.

Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Gastrointestinal Agents	Original Policy Date:	December 8, 2017
Subject:	Amitiza	Page:	6 of 6

Appendix 1 - List of Legend Constipation Medications

Generic Name	Brand Name
linaclotide	Linzess
lubiprostone	Amitiza
methylnaltrexone	Relistor
naldemedine	Symproic
naloxegol	Movantik
plecanatide	Trulance
prucalopride	Motegrity
tenapanor	Ibsrela