



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Amitiza

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Effective Date: 2/3/2023

Last Review Date: 11/2022

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Amitiza under the patient's prescription drug benefit.

Description:

Chronic Idiopathic Constipation in Adults

Amitiza is indicated for the treatment of chronic idiopathic constipation (CIC) in adults.

Opioid-Induced Constipation in Adult Patients with Chronic Non-Cancer Pain

Amitiza is indicated for the 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.

Limitations of Use:

Effectiveness of Amitiza in the treatment of opioid-induced constipation in patients taking diphenyl-heptane opioids (e.g., methadone) has not been established.

Irritable Bowel Syndrome with Constipation

Amitiza is indicated for the treatment of irritable bowel syndrome with constipation (IBS-C) in women at least 18 years old.

Applicable Drug List:

Amitiza

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of chronic idiopathic constipation (CIC) in an adult patient
- AND**
- The patient had treatment failure with one of the following classes: A bulk forming laxative (psyllium, or fiber), or a stimulant laxative (bisacodyl, or senna)
- OR**
- The requested drug is being prescribed for the treatment of opioid-induced constipation (OIC) in an adult patient with chronic, non-cancer pain, including



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chronic pain related to prior cancer or its treatment who does not require frequent (for example, weekly) opioid dosage escalation

AND

- The patient had treatment failure from at least one medication in the stimulant laxative group (for example, bisacodyl, sodium picosulfate, or senna)

OR

- The requested drug is being prescribed for the treatment of irritable bowel syndrome with constipation (IBS-C) in a biological female or a person that self-identifies as a female who is 18 years of age or older

AND

- The patient had treatment failure with one of the following classes: Bulk forming laxative (psyllium, or fiber), or a stimulant laxative (bisacodyl, or senna)

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

1. Amitiza [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc; Bedminster, NJ: Sucampo Pharma Americas LLC; November 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, Ohio: UpToDate, Inc.; 2021; Accessed July 22, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com/>. Accessed July 22, 2021.