Criteria Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE Iubiprostone (Amitiza®)

For patients not currently taking lubiprostone (Amitiza®), non-formulary lubiprostone (Amitiza®) will be covered on the prescription drug benefit when the following criteria are met:

1. Diagnosis of irritable bowel syndrome with constipation (IBS-constipation predominant) in women 18 years of age and older <u>ONLY</u>

- AND -

- Patient has had an inadequate response to an adequate trial of at least 4 weeks or intolerance to scheduled doses of the following medications:
 - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
 - Polyethylene glycol (MiraLAX)
 - Linaclotide (Linzess®) (also criteria based)

- OR -

2. Diagnosis of chronic idiopathic constipation

- AND -

- Patient has had an inadequate response to an adequate trial of at least 4 weeks or intolerance to scheduled doses of the following medications:
 - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
 - o An osmotic laxative: polyethylene glycol (MiraLAX) or lactulose
 - A stimulant laxative: senna or bisacodyl
 - Linaclotide (Linzess®) (also criteria based)

- OR -

Criteria Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE Iubiprostone (Amitiza[®])

3. Diagnosis of opioid induced constipation in an adult with an active opioid prescription

-AND-

• Medication is being prescribed by an Oncologist or a Hospice/Palliative Care clinician for a patient currently enrolled in Hospice or Palliative Care program, or after consultation with a Pain Management Specialist

-AND-

- Patient has failed a trial of at least 2 weeks or has an intolerance or contraindication to scheduled dosing of the following medications, used in combination with other agent(s) with different mechanism of action[^] and route of administration:
 - o polyethylene glycol (MiraLAX),
 - o lactulose or sorbitol,
 - o **senna**
 - o bisacodyl

-AND-

o naldemedine (Symproic) (also criteria based)

These agents should be used in regularly, in combination, to be effective in management of opioid-induced constipation.

^ e.g. osmotic with stimulant (polyethylene glycol and senna and/or bisacodyl suppository)

For patients currently taking lubiprostone (Amitiza®), non-formulary lubiprostone (Amitiza®) will be covered on the prescription drug benefit when the following criteria are met:

1. Diagnosis of irritable bowel syndrome with constipation (IBS-constipation predominant) in women 18 years of age and older <u>ONLY</u>

- AND -

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Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

lubiprostone (Amitiza[®])

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