Amitiza

Description

Amitiza (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 indication: Amitiza is a chloride channel activator indicated for: (1)
   1. Treatment of chronic idiopathic constipation 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 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).

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, Zelnorm

**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** for patients 18 years of age or older with the diagnosis of chronic idiopathic constipation, opioid-induced constipation (OIC), or irritable bowel syndrome with constipation; and if the conditions indicated below are met.

Amitiza may be considered **investigational** in patients less than 18 years of age and 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

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
   a. Patient is female

**AND ALL** of the following for **ALL** indications:
   a. Inadequate response to **ALL** of the following laxative therapies:
      i. Bulk-forming laxative [e.g. psyllium (Metamucil)]
      ii. Stimulant laxative [e.g. senna (Senokot)]
iii. Osmotic laxative [e.g. polyethylene glycol 3350 (Miralax)]
b. Absence of gastrointestinal obstruction
c. 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

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
   a. Patient is female

AND ALL of the following for ALL indications:
   a. Improvement in constipation symptoms
   b. NO dual therapy with other legend constipation medications (see Appendix 1)

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

<table>
<thead>
<tr>
<th>Medication</th>
<th>Quantity Limit per 90 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 mcg</td>
<td>180 capsules per 90 days OR</td>
</tr>
<tr>
<td>24 mcg</td>
<td>180 capsules per 90 days</td>
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</table>
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**

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2017</td>
<td>Addition to PA</td>
</tr>
<tr>
<td>March 2018</td>
<td>Annual editorial review</td>
</tr>
<tr>
<td></td>
<td>Change in duration from 3 months to 12 months and an update to the no</td>
</tr>
<tr>
<td></td>
<td>dual therapy statement with the addition of Appendix 1</td>
</tr>
<tr>
<td>September 2018</td>
<td>Addition of OIC for patients with chronic pain related to prior cancer or its treatment and does not require frequent opioid dosage increases</td>
</tr>
<tr>
<td></td>
<td>Addition of advanced illness requirement to opioid-induced constipation diagnosis</td>
</tr>
<tr>
<td>November 2018</td>
<td>Annual review</td>
</tr>
<tr>
<td>March 2019</td>
<td>Annual review and reference update</td>
</tr>
<tr>
<td>June 2019</td>
<td>Annual review</td>
</tr>
<tr>
<td>July 2019</td>
<td>Removed advanced illness requirement for OIC due to non-cancer pain diagnosis per FEP</td>
</tr>
<tr>
<td>September 2019</td>
<td>Annual review</td>
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This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 6, 2019 and is effective on January 1, 2020.
Appendix 1 - List of Legend Constipation Medications

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
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<tbody>
<tr>
<td>linaclotide</td>
<td>Linzess</td>
</tr>
<tr>
<td>lubiprostone</td>
<td>Amitiza</td>
</tr>
<tr>
<td>methylnaltrexone</td>
<td>Relistor</td>
</tr>
<tr>
<td>naldemedine</td>
<td>Symproic</td>
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<tr>
<td>naloxegol</td>
<td>Movantik</td>
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<tr>
<td>plecanatide</td>
<td>Trulance</td>
</tr>
<tr>
<td>prucalopride</td>
<td>Motegrity</td>
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<tr>
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<td>Zelnorm</td>
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<tr>
<td>tenapanor</td>
<td>Ibsrela</td>
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