



**Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria**

Amitiza™ (lubiprostone)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be at least 18 years of age.
- Member must have a diagnosis of chronic idiopathic constipation, opioid-induced constipation (must currently be receiving chronic opioids) or irritable bowel syndrome (IBS therapy only covered for females).
- Member must have been unsuccessful with documented treatment with at least one (1) osmotic laxative (i.e., polyethylene glycol, lactulose, etc.).
- Member must not currently be taking methadone.

Limitations:

- Dose limited to 24mcg twice daily for chronic idiopathic constipation and opioid-induced constipation.
- Dose limited to 8mcg twice daily for irritable bowel syndrome.