| AETNA BETTER HEALTH®<br>Coverage Policy/Guideline | | | |
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| Name: Lubiprostone | | | Page: 1 of 2 |
| Effective Date: 3/13/2025 | | | Last Review Date: 1/2025 |
| Applies to: | ☒Illinois<br>☒New Jersey<br>☒Pennsylvania Kids | ☐Florida<br>☒Florida Kids<br>☐Virginia | ☒Maryland<br>☐Michigan |

## Intent:

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

## Description:

Chronic Idiopathic Constipation in Adults
Lubiprostone is indicated for the treatment of chronic idiopathic constipation (CIC) in adults.

Opioid-Induced Constipation in Adult Patients with Chronic Non-Cancer Pain
Lubiprostone 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 lubiprostone 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
Lubiprostone is indicated for the treatment of irritable bowel syndrome with constipation (IBS-C) in women at least 18 years old.

## Applicable Drug List:

Lubiprostone

## 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), an osmotic laxative (for example, PEG) or a stimulant laxative (bisacodyl, sodium picosulfate [SPS] 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 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 (bisacodyl, sodium picosulfate [SPS] 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 member had treatment failure with one of the following classes: a bulk forming laxative (psyllium or fiber) or an osmotic laxative (for example, PEG)

## 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. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed July 5, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 07/05/2023).