

<b>Policy Name:</b>	<b>Irritable Bowel Syndrome – Constipation Step Edit</b>	<b>Policy#:</b>	<b>3183P</b>
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## Purpose of the Policy

The purpose of this policy is to define coverage criteria for the treatment of irritable bowel syndrome – constipation (IBS-C); Amitiza, Trulance and Motegrity.

\*\*Please note: generic lubiprostone does not require step through Linzess.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Amitiza, Trulance and Motegrity under the pharmacy benefit if the following criteria are met.

## Criteria

### 1. Step Edit Criteria

- 1.1 Step edit requires a previous paid claim at the pharmacy of Linzess prior to coverage of Amitiza, Trulance or Motegrity.
- 1.2 Provider may submit clinical documentation of previous trial and failure of Linzess or clinical contraindication

### 2. Approval Period

- 2.1 12 months

## CPT Codes

## HCPCS Codes

## References

1. Chang L, Sultan S, Lembo A, et al. American Gastroenterological Association Institute Clinical Practice Guideline on the Pharmacological Management of Irritable Bowel Syndrome With Constipation. *Gastroenterology* 2022;163: 118–136.

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## DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.