

Prior Authorization Form

Amitiza

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS/Caremark at **1-888-836-0730**. Please contact CVS/Caremark at **1-855-582-2022** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Amitiza.

Drug Name (select from list of drugs shown)

Amitiza (lubiprostone)

Quantity	Frequency	Strength
Route of Administration	Expected Length of Therapy	

Patient Information

Patient Name: _____
 Patient ID: _____
 Patient Group No.: _____
 Patient DOB: _____
 Patient Phone: _____

Prescribing Physician

Physician Name: _____
 Physician Phone: _____
 Physician Fax: _____
 Physician Address: _____
 City, State, Zip: _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please circle the appropriate answer for each question.

1. Is the requested drug is being prescribed for the treatment of chronic idiopathic constipation (CIC) in an adult patient? Y N

[If yes, then no further questions.]

2. Is the requested drug 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 (e.g., weekly) opioid dosage escalation? Y N

[If yes, then no further questions.]

3. Is the requested drug 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?

Y N

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date