

GEORGIA MEDICAID FEE-FOR-SERVICE GI MOTILITY, CHRONIC PA SUMMARY

Preferred	Non-Preferred
Amitiza (lubiprostone)* Lactulose generic Linzess (linaclotide)* Polyethylene glycol generic	Kristalose (lactulose) Motegrity (prucalopride) Movantik (naloxegol) Relistor (methylnaltrexone) Symproic (naldemedine) Trulance (plecanatide)

*preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTE: Amitiza and Linzess are preferred but require prior authorization.

PA CRITERIA:

Amitiza

- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic idiopathic constipation (CIC) who have tried at least one medication from any two of the following classes for 14 days with poor clinical response: (1) bulk-forming laxatives, (2) osmotic laxatives, (3) stimulant laxatives and (4) saline laxatives.
- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic opioid-induced constipation and non-cancer pain who have been on opioid therapy for at least 4 weeks and have tried at least one medication from any two of the following classes for 14 days with poor clinical response: (1) bulk-forming laxatives, (2) osmotic laxatives, (3) stimulant laxatives or (4) saline laxatives.
- ❖ Approvable for female members 18 years of age or older with irritable bowel syndrome (IBS) with constipation who have tried at least one medication from any two of the following classes for 14 days with poor clinical response: (1) bulk-forming laxatives, (2) osmotic laxatives, (3) stimulant laxatives or (4) saline laxatives.

Kristalose

- ❖ For members with chronic constipation (including IBS), prescriber must submit a written letter of medical necessity stating the reasons the preferred product, lactulose generic, is not appropriate for the member.

Linzess

- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic idiopathic constipation who have tried at least one medication from any two of the following classes for 14 days with poor clinical response: (1) bulk-forming laxatives, (2) osmotic laxatives, (3) stimulant laxatives or (4) saline laxatives.
- ❖ Approvable for members 18 years of age or older with a diagnosis of IBS with constipation who have tried at least one medication from any two of the following classes for 14 days with poor clinical response: (1) bulk-forming laxatives, (2) osmotic laxatives, (3) stimulant laxatives or (4) saline laxatives.



Motegrity

- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic idiopathic constipation who have tried at least one medication from any two of the following classes for 14 days with poor clinical response: (1) bulk-forming laxatives, (2) osmotic laxatives, (3) stimulant laxatives or (4) saline laxatives and who have experienced poor clinical response, allergies, contraindications, drug-drug interactions or intolerable side effects to Amitiza, Linzess and Trulance.

Movantik and Symproic

- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic opioid-induced constipation and non-cancer pain who have been on opioid therapy for at least 4 weeks and have tried at least one medication from any two of the following classes for 14 days with poor clinical response: (1) bulk-forming laxatives, (2) osmotic laxatives, (3) stimulant laxatives or (4) saline laxatives and who have experienced poor clinical response, allergy, contraindication, drug-drug interaction or intolerable side effect to Amitiza.

Relistor Injection

- ❖ Approvable for members 18 years of age or older with a diagnosis of opioid-induced constipation who have cancer pain or advanced illness, are receiving palliative care and have tried at least one medication from any two of the following classes for 14 days with poor clinical response: (1) bulk-forming laxatives, (2) osmotic laxatives, (3) stimulant laxatives or (4) saline laxatives.
- ❖ Approvable for members 18 years of age or older with a diagnosis of opioid-induced constipation and chronic non-cancer pain who are unable to swallow or absorb solid oral dosage forms (i.e., tablets) and have been on opioid therapy for at least 4 weeks and have tried at least one medication from any two of the following classes for 14 days with poor clinical response: (1) bulk-forming laxatives, (2) osmotic laxatives, (3) stimulant laxatives or (4) saline laxatives, and have experienced poor clinical response, allergies, contraindications, drug-drug-interactions or intolerable side effects with Amitiza, Movantik and Symproic.
- ❖ Approvable for a total duration of 4 months and the medication must be administered in the member's home or in a long-term care facility.

Relistor Tablets

- ❖ Approvable for members 18 years of age or older with a diagnosis of opioid-induced constipation and chronic non-cancer pain who have been on opioid therapy for at least 4 weeks and have tried at least one medication from any two of the following classes for 14 days with poor clinical response: (1) bulk-forming laxatives, (2) osmotic laxatives, (3) stimulant laxatives or (4) saline laxatives and have experienced poor clinical response, allergies, contraindications, drug-drug-interactions or intolerable side effects with Amitiza, Movantik and Symproic.

Trulance

- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic idiopathic constipation who have tried at least one medication from any two of the following classes for 14 days with poor clinical response: (1) bulk-forming laxatives, (2) osmotic laxatives, (3) stimulant laxatives or (4) saline laxatives and who have experienced poor clinical response,



allergies, contraindications, drug-drug interactions or intolerable side effects to Amitiza and Linzess.

- ❖ Approvable for members 18 years of age or older with a diagnosis of IBS with constipation who have tried at least one medication from any two of the following classes for 14 days with poor clinical response: (1) bulk-forming laxatives, (2) osmotic laxatives, (3) stimulant laxatives or (4) saline laxatives. Female members must have also experienced poor clinical response, allergies, contraindications, drug-drug interactions or intolerable side effects to Amitiza and Linzess. Male members must have also experienced poor clinical response, allergy, contraindication, drug-drug interaction or intolerable side effect to Linzess.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.