



## LINZESS PA SUMMARY

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** Initial: 6 months; Renewal: 1 year

**PA CRITERIA:**

- ❖ Approvable for members 18 years of age or older with chronic idiopathic constipation who have used lactulose and Miralax or generic polyethylene glycol for at least 14 days with poor clinical response  
*OR*
- ❖ Approvable for members 18 years of age or older with irritable bowel syndrome who have used over-the-counter psyllium and Miralax or generic polyethylene glycol for at least 14 days with poor clinical response

**EXCEPTIONS:**

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

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.