



**GEORGIA MEDICAID FEE-FOR-SERVICE  
CONSTIPATION AGENTS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Lactulose generic Polyethylene glycol generic	Amitiza (lubiprostone) Kristalose (lactulose) Linzess (linaclotide) Movantik (naloxegol) Relistor (methylnaltrexone)

**LENGTH OF AUTHORIZATION:** Varies

**PA CRITERIA:**

*Amitiza*

- ❖ Approvable for members 18 years of age or older with 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, and (4) saline laxatives.
- ❖ Approvable for members 18 years of age or older with chronic opioid-induced constipation with a diagnosis of 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 chronic idiopathic constipation or 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.

*Movantik*

- ❖ Approvable for members 18 years of age or older with chronic opioid-induced constipation with a diagnosis of 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.

*Relistor*

- ❖ Approvable for members 18 years of age or older with opioid-induced constipation who have advanced illness AND 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 opioid-induced constipation with a diagnosis of 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 ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with Amitiza and Movantik.
- ❖ Approvable for a total duration of 4 months.
- ❖ If the injection is being administered in a physician's office then the medication must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program is located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

**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 Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.