



Missouri Pharmacy Program – Preferred Drug List



GI Motility Agents, Chronic

Effective 04/06/2017

Revised 04/05/2018

Preferred Agents

Available with Clinical Edits

- Amitiza[®] Capsules
- Linzess[®] Capsules
- Movantik[®] Tablets

Non-Preferred Agents

Available with Clinical Edits

- Alosetron Tablets
- Lotronex[®] Tablets
- Relistor[®] Injection
- Relistor[®] Tablets
- **Symproic[®] Tablets**
- **Trulance[®] Tablets**
- Viberzi[®] Tablets

Approval Criteria

- Appropriate diagnoses for Amitiza
 - Chronic Idiopathic Constipation
 - Irritable Bowel Syndrome with Constipation (Women-Only)
 - Opioid-Induced Constipation in adults with chronic non-cancer pain
 - Trial and failure on at least 2 different covered laxative preparations
- Appropriate diagnosis for Linzess
 - Chronic Idiopathic Constipation
 - Irritable Bowel Syndrome with Constipation (male and female)
 - Trial and failure on at least 2 different covered laxative preparations
- Appropriate diagnosis for Movantik
 - Opioid-Induced Constipation in adults with chronic non-cancer pain
 - Trial and failure on at least 2 different covered laxative preparations

For Non-Preferred products for **CONSTIPATION** indications:

- Trial and failure on 2 preferred products
- ADE/ADR to covered laxative products
- Contraindication to covered laxative products

- Appropriate diagnosis for Relistor Injection
 - Trial failure on at least 2 different covered laxative products Opioid-Induced Constipation in adults with advanced disease
 - Patient is currently on opioid therapy 90 out of 120 days (see Appendix D)

For Non-Preferred products for DIARRHEA (IBS-D) indication:

- Appropriate diagnosis for Lotronex
 - IBS with diarrhea as primary bowel symptom
 - Trial failure on at least 2 different anti-diarrheal products
 - Female
- Appropriate diagnosis for Viberzi
 - IBS with severe diarrhea as primary bowel symptom
 - Trial failure on at least 2 different anti-diarrheal products

Denial Criteria

- Lack of appropriate diagnoses
- No prior Rx claims for covered laxative product in the most recent 45 days
- No prior Rx claims for covered anti-diarrheal product in the most recent 45 days
- **For OIC Products: No Opioid Rx in the most recent 45 days**
- Lack of ADE/ADR and/or lack of contraindication to products
- Drug Prior Authorization Hotline: (800) 392-8030