# OPTIMA HEALTH PLAN

## PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

**Directions**: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is NOT complete, correct, or legible, the authorization can be delayed.**

## Gastrointestinal (GI) Motility Drugs

| **Drug Requested (select drug below that applies):** | | |
|---|---|---|
| **PREFERRED** | | |
| ❑ **Linzess®** (linaclotide) | ❑ **Movantik™** (naloxegol) | ❑ **Symproic®** (naldemedine) |
| **Non-Preferred** | | |
| ❑ **Amitiza®** (lubiprostone) | ❑ **Relistor®** (methylnaltrexone bromide) | ❑ **Trulance®** (plecanatide) |

**DRUG INFORMATION:** Complete **all** information below or authorization will be delayed.

**Drug Name/Form/Strength:** _____

**Dosing Schedule**: _____ **Length of Therapy**: _____

**Diagnosis**: _____ **ICD Code, if applicable**: _____

**CLINICAL CRITERIA: Check below ALL that apply. ALL criteria must be met for approval. To support each line checked, ALL documentation, including lab results, diagnostics, chart notes, and/or OTC medication trials, must be provided or request will be denied**.

### ❑ Approval of Movantik™ OR Symproic®

❑ Member has a diagnosis of **opioid-induced constipation** and is being treated for chronic, non-cancer pain

**AND**

❑ Trial and failure, contraindication, or intolerance to **one** of the following **generics**:

| | |
|---|---|
| ❑ lactulose | ❑ polyethylene glycol (generic MiraLAX®) |

### ❑ Approval of Relistor®

❑ Member has a diagnosis of opioid-induced constipation is being treated for chronic, non-cancer pain

**AND**

❑ Trial and failure, contraindication, or intolerance to **one** of the following **generics:**

| | |
|---|---|
| ❑ lactulose | ❑ polyethylene glycol (generic MiraLAX®) |

**AND**

**(Continued on next page)**

- ❑ Member had a 30-day trial of Movantik™ **OR** Symproic®

## ❑ Approval of Linzess®

- ❑ Diagnosis of **Chronic Idiopathic Constipation (CIC) OR Irritable Bowel Syndrome with Constipation (IBS-C)**

**AND**

- ❑ Trial and failure, contraindication, or intolerance to **one** of the following **generics**:

| | |
|---|---|
| ❑ lactulose | ❑ polyethylene glycol (generic MiraLAX®) |

## ❑ Approval of Trulance® - Oral, 3 mg once daily.

- ❑ **Irritable Bowel Syndrome with Constipation (IBS-C**)

**AND**

- ❑ Trial and failure, contraindication, or intolerance to **one** of the following **generics**:

| | |
|---|---|
| ❑ lactulose | ❑ polyethylene glycol (generic MiraLAX®) |

**AND**

- ❑ Trial and failure, contraindication, or intolerance to Linzess®

## ❑ Diagnosis for Amitiza®.

- ❑ **Chronic Idiopathic Constipation (CIC)** (Oral-24mcg twice daily)

**OR**

- ❑ **Irritable Bowel Syndrome with Constipation (IBS-C)** (Females ≥ 18 years: Oral 8mcg twice daily)

**OR**

- ❑ **Opioid-induced constipation** (Oral – 24mcg twice daily)

**AND**

- ❑ Trial and failure, contraindication, or intolerance to **one** of the following **generics**:

| | |
|---|---|
| ❑ lactulose | ❑ polyethylene glycol (generic Miralax) |

**AND**

- ❑ Trial and failure, contraindication, or intolerance to **one** of the following **Preferred** brands **(requires prior authorization)**:

| | | |
|---|---|---|
| ❑ Linzess® | ❑ Movantik® | ❑ Symproic® |

**(Continued on next page; signature page MUST be attached to form)**

**(Signature page MUST be included with request)**

***Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

**Previous therapies will be verified through pharmacy paid claims or submitted chart notes.***

Member Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

**DEA OR NPI #:** _____

***Approved by Pharmacy and Therapeutics Committee**: 10/15/2015
**REVISED/UPDATED/REFORMATTED: 8/2/2019**