

# Initial Prior Authorization

## Motegrity

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Motegrity	prucalopride

### Indications

#### FDA-approved Indications

Motegrity is indicated for the treatment of chronic idiopathic constipation (CIC) in adults.

### Coverage Criteria

#### Chronic Idiopathic Constipation (CIC)

Authorization may be granted when the requested drug is being prescribed for the treatment of chronic idiopathic constipation (CIC) in an adult patient.

### Duration Of Approval (DOA)

- 2851-A: DOA: 36 months

## References

1. Motegrity [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; November 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024.  
https://online.lexi.com. Accessed September 10, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at:  
https://www.micromedexsolutions.com/ (cited: 09/10/2024).

## Document History

Written by: UM Development (DS)

Date Written: 12/2018

Revised: 09/2019 (no clinical changes); (PM) 08/2020 (no clinical changes); (EC) 07/2021 (no clinical changes); (VLS) 09/2022 (no clinical changes); (SS) 09/2023 (no clinical changes); (DMH) 09/2024 (no clinical changes)

Reviewed: Medical Affairs (EPA) 01/2019; (CHART) 09/26/2019, 09/24/2020, 09/30/2021, 09/22/2022, 09/28/2023, 09/26/2024

External Review: 02/2019, 12/2019, 12/2020, 12/2021, 12/2022, 12/2023, 12/2024

### **CRITERIA FOR APPROVAL**

- |   |  |     |    |
|---|--|-----|----|
| 1 | Is the requested drug being prescribed for the treatment of chronic idiopathic constipation (CIC) in an adult patient?<br>[No further questions] | Yes | No |
|---|--|-----|----|

Mapping Instructions			
	Yes	No	DENIAL REASONS
1.	Approve, 36 Months	Deny	Your plan only covers this drug when it is used for certain health conditions. Covered use is for chronic idiopathic constipation (CIC) in an adult. Your plan does not cover this drug for your health condition that your doctor told us you have. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan

Reference number(s)
2851-A

			documents for your review.  [Short Description: Diagnosis]
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