

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

GI Motility Agents

This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization

Clinical PA Information Included in this Document

Motegrity (Prucalopride)

Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria

Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules

Logic diagram: a visual depiction of the clinical criteria logic

Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)

References: clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication



Motegrity (Prucalopride)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
MOTTEGRITY 1 MG TABLET	28446
MOTTEGRITY 2 MG TABLET	28445



Motegrity (Prucalopride)

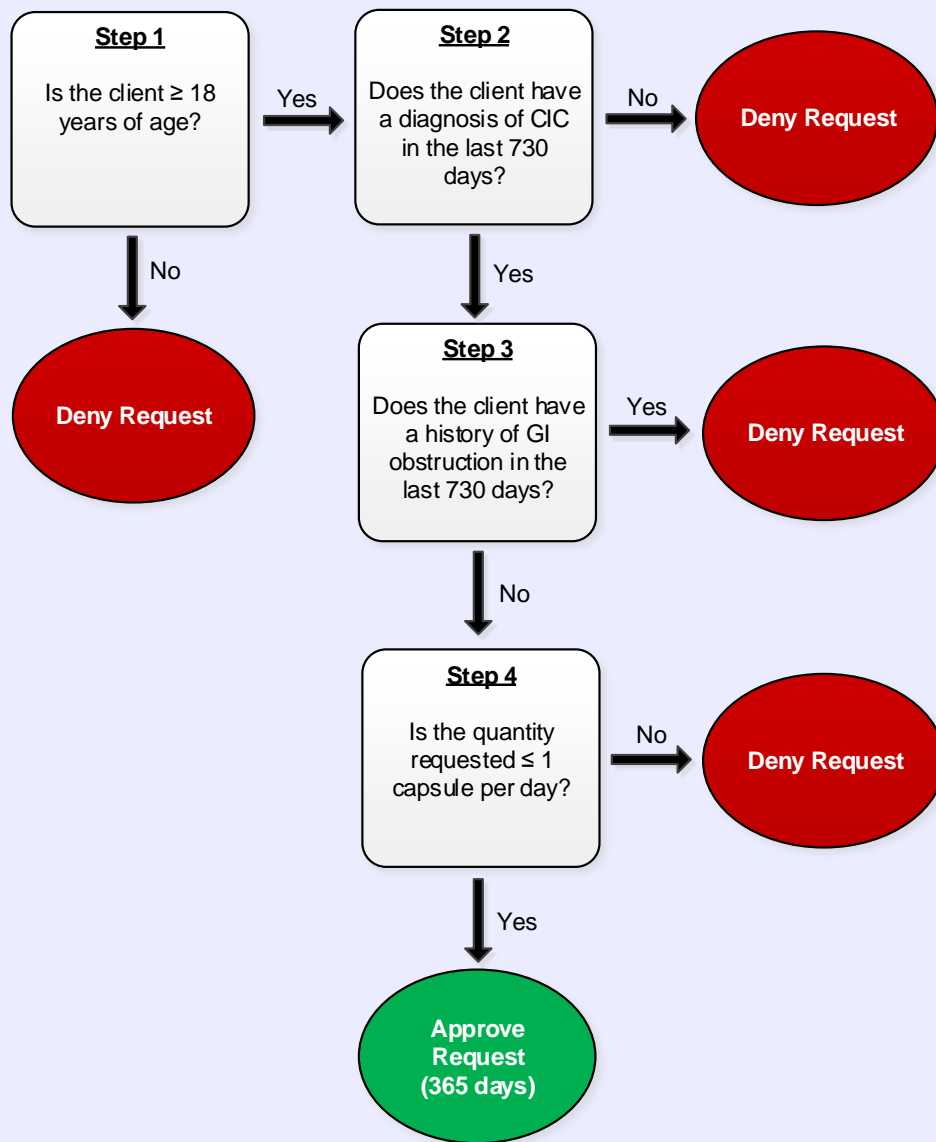
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of **chronic idiopathic constipation (CIC)** in the last 730 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a history of a **GI obstruction** in the last 730 days?
 Yes (Deny)
 No (Go to #4)
4. Is the quantity being requested less than or equal to (\leq) 1 tablet per day?
 Yes (Approve - 365 days)
 No (Deny)



Motegrity (Prucalopride)

Clinical Criteria Logic Diagram





Motegrity (Prucalopride)

Clinical Criteria Supporting Tables

Step 2 (diagnosis of chronic idiopathic constipation)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
K5900	CONSTIPATION, UNSPECIFIED
K5901	SLOW TRANSIT CONSTIPATION
K5902	OUTLET DYSFUNCTION CONSTIPATION
K5904	CHRONIC IDIOPATHIC CONSTIPATION
K5909	OTHER CONSTIPATION

Step 3 (history of GI obstruction)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
K50012	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION
K50112	CROHN'S DISEASE OF LARGE INTESTINE WITH INTESTINAL OBSTRUCTION
K50812	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH INTESTINAL OBSTRUCTION
K50912	CROHN'S DISEASE, UNSPECIFIED, WITH INTESTINAL OBSTRUCTION
K51012	ULCERATIVE (CHRONIC) PANCOLITIS WITH INTESTINAL OBSTRUCTION
K51212	ULCERATIVE (CHRONIC) PROCTITIS WITH INTESTINAL OBSTRUCTION
K51312	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH INTESTINAL OBSTRUCTION
K51412	INFLAMMATORY POLYPS OF COLON WITH INTESTINAL OBSTRUCTION
K51512	LEFT SIDED COLITIS WITH INTESTINAL OBSTRUCTION
K51812	OTHER ULCERATIVE COLITIS WITH INTESTINAL OBSTRUCTION
K51912	ULCERATIVE COLITIS, UNSPECIFIED WITH INTESTINAL OBSTRUCTION
K560	PARALYTIC ILEUS
K561	INTUSSUSCEPTION
K562	VOLVULUS

Step 3 (history of GI obstruction) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
K563	GALLSTONE ILEUS
K565	INTESTINAL ADHESIONS [BANDS] WITH OBSTRUCTION (POSTPROCEDURAL) (POSTINFECTION)
K5660	UNSPECIFIED INTESTINAL OBSTRUCTION
K5669	OTHER INTESTINAL OBSTRUCTION
K567	ILEUS, UNSPECIFIED



Agents for GI Motility

Clinical Criteria References

1. Motegrity Prescribing Information. Lexington, MA. Shire US Inc. December 2018.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2019. Available at www.clinicalpharmacology.com. Accessed on July 26, 2019.
3. 2019 ICD-10-CM Diagnosis Codes. 2019. Available at www.icd10data.com. Accessed on July 26, 2019.
4. Ford AC, Moayydi P, Lacy BE, et al. American College of Gastroenterology Monograph on the Management of Irritable Bowel Syndrome and Chronic Idiopathic Constipation. Am J Gastroenterol 2014; 109:S2-S26.
5. American Gastroenterological Association Medical Position Statement on Constipation. Gastroenterology 2013;144:211-217.

Publication History

The Publication History records the publication iterations and revisions to this document.

Publication Date	Notes
07/26/2019	Initial presentation to the DUR Board