New Hampshire Medicaid Fee-for-Service Program

Drugs for Bowel Disorders/GI Motility, Chronic Criteria

Approval Date: January 26, 2023

Medications

Drug	Indication(s)
alosetron (Lotronex®)	• Treatment of severe, diarrhea-predominant irritable bowel syndrome (IBS-D) in women who have chronic IBS symptoms and have failed conventional therapy
eluxadoline (Viberzi®)	• Treatment of irritable bowel syndrome with diarrhea (IBS-D) in adult patients
linaclotide (Linzess®)	• Treatment of chronic idiopathic constipation (CIC) • Treatment of irritable bowel syndrome with constipation (IBS-C)
lubiprostone (Amitiza®)	• Treatment of chronic idiopathic constipation (CIC) • Treatment of irritable bowel syndrome with constipation (IBS-C) in females ≥ 18 years old • Treatment of opioid-induced constipation (OIC) in adults with chronic, non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (i.e., weekly) opioid dosage escalation
methylnaltrexone (Relistor®)	• Treatment of opiate-induced constipation (OIC) in adult patients with advanced illness or pain caused by active cancer who require opioid dosage escalation for palliative care (injection only) • Treatment of OIC in patients taking opioids for chronic non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (i.e., weekly) opioid dosage escalation (tablet and injection formulations)
naldemedine (Symproic®)	• Treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (i.e., weekly) opioid dosage escalation
naloxegol (Movantik®)	• Treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (i.e., weekly) opioid dosage escalation
plecanatide (Trulance™)	• Treatment of chronic idiopathic constipation (CIC) in adult patients • Treatment of irritable bowel syndrome with constipation (IBS-C)
prucalopride (Motegrity®)	• Treatment of chronic idiopathic constipation (CIC) in adult patients
tenapanor (Ibsrela®)	• Treatment of adults with irritable bowel syndrome with constipation (IBS-C)

Criteria for Approval

1. Approved FDA indication.
2. For request for diagnosis of chronic constipation defined as on average, less than three spontaneous bowel movements per week with constipation symptoms for at least three months, patient must have:
   a. Treatment failure on polyethylene glycol 3350 (MiraLAX®); **AND**
   b. Treatment failure on lactulose oral 60 mL total daily dose.
3. Patient is ≥ 18 years old.

Length of Authorization: Six months

Criteria for Denial

1. Prior approval will be denied if the approval criteria are not met; **OR**
2. History of mechanical gastrointestinal obstruction; **OR**
3. Pregnancy (excludes Amitiza®, Movantik® or Relistor®); **OR**
4. Patient is ≤ 17 years old.

Non-preferred drugs on the Preferred Drug List (PDL) require additional prior authorization.

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
Pharmacy & Therapeutic Committee	New	10/25/2007
Commissioner	New	11/20/2007
Pharmacy & Therapeutic Committee	Update	04/16/2009
Commissioner	Approval	05/12/2009
DUR Board	Revision	06/15/2011
Commissioner	Revision	09/29/2011
N/A	New FDA approved indication	07/10/2014
DUR Board	New Drug to Market	05/12/2015
Commissioner	Approval	06/30/2015
DUR Board	Update	05/31/2016
Commissioner	Approval	06/18/2016
DUR Board	Update	09/27/2018

Reviewed by	Reason for Review	Date Approved
Commissioner Designee	Approval	11/27/2018
DUR Board	Update	10/28/2019
Commissioner Designee	Approval	12/03/2019
DUR Board	Update	06/30/2020
Commissioner Designee	Approval	08/07/2020
DUR Board	Update	06/08/2021
Commissioner Designee	Approval	08/13/2021
DUR Board	Update	12/13/2022
Commissioner Designee	Approval	01/26/2023