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Section:	Prescription Drugs	**Effective Date:**	July 1, 2026
Subsection:	Gastrointestinal Agents	**Original Policy Date:**	December 28, 2018
Subject:	Motegrity	**Page:**	1 of 5

Last Review Date: June 11, 2026

Motegrity

Description

Motegrity (prucalopride)

Background
Motegrity (prucalopride) is a selective serotonin type 4 (5-HT4) receptor agonist. It is a gastrointestinal (GI) prokinetic agent that stimulates colonic peristalsis (high-amplitude propagating contractions), which increases bowel motility (1).

Regulatory Status
FDA-approved indication: Motegrity is indicated for the treatment of chronic idiopathic constipation (CIC) in adults (1).

The use of this medication is contraindicated in patients with intestinal perforation or obstruction due to structural or functional disorder of the gut wall, obstructive ileus, severe inflammatory conditions of the intestinal tract such as Crohn's disease, ulcerative colitis, and toxic megacolon/megarectum (1).

Motegrity may cause an increase in suicidal ideation and behavior. All patients should be monitored for persistent worsening of depression or the emergence of suicidal thoughts and behaviors. Patients, caregivers, and family members of patients should be counseled to be aware of any unusual changes in mood or behavior and alert the healthcare provider (1).

The safety and effectiveness of Motegrity in pediatric patients less than 18 years of age have not been established (1).

Related policies
Amitiza, Ibsrela, Linzess, Opioid Antagonist Drug Class, Trulance

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Motegrity may be considered **medically necessary** if the conditions indicated below are met.

Motegrity may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Chronic Idiopathic Constipation (CIC)

AND ALL of the following:

a. Inadequate response to **ALL** of the following laxative therapies:
   i. Bulk-forming laxative (e.g., psyllium (Metamucil))
   ii. Stimulant laxative (e.g., senna (Senokot)
   iii. Osmotic laxative (e.g., polyethylene glycol 3350 (Miralax))
b. Absence of gastrointestinal obstruction
c. **NO** dual therapy with other legend constipation medications (see Appendix 1)

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Chronic Idiopathic Constipation (CIC)

AND ALL of the following:

a. Improvement in constipation symptoms
b. Absence of gastrointestinal obstruction
c. **NO** dual therapy with other legend constipation medications (see Appendix 1)

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 90 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Motegrity (prucalopride) is a selective serotonin type 4 (5-HT4) receptor agonist. It is a gastrointestinal (GI) prokinetic agent that stimulates colonic peristalsis (high-amplitude propagating contractions), which increases bowel motility. The safety and effectiveness of Motegrity in pediatric patients less than 18 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Motegrity while maintaining optimal therapeutic outcomes.

References

1. Motegrity [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; July 2025.

Policy History

Date	Action
December 2018	Addition to PA
March 2019	Annual review
June 2019	Annual review
December 2019	Annual review
March 2020	Annual review. Added “absence of gastrointestinal obstruction” to renewal requirements
June 2020	Annual review
June 2021	Annual review and reference update
June 2022	Annual review
July 2022	Addition of Ibsrela to Appendix 1
September 2022	Annual review
June 2023	Annual review
June 2024	Annual review
June 2025	Annual review
June 2026	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 11, 2026 and is effective on July 1, 2026.

Appendix 1 - List of Legend Constipation Medications

Generic Name	Brand Name
linaclotide	Linzess
lubiprostone	Amitiza
methylnaltrexone	Relistor
naldemedine	Symproic
naloxegol	Movantik
plecanatide	Trulance
prucalopride	Motegrity
tenapanor	Ibsrela