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).
Motegritry may be considered **medically necessary** for patients 18 years of age or older with the diagnosis of chronic idiopathic constipation and if the conditions indicated below are met.

Motegritry may be considered **investigational** in patients less than 18 years of age and 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. 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

Section: Prescription Drugs    Effective Date: January 1, 2020
Subsection: Gastrointestinal Agents    Original Policy Date: December 28, 2018
Subject: Motegrity    Page: 4 of 5

Policy History

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Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 6, 2019 and is effective on January 1, 2020.
## Appendix 1 - List of Legend Constipation Medications

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
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<tbody>
<tr>
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