



**Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria**

Motegrity™ (prucalopride)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be at least 18 years of age.
- Member must have a diagnosis of Chronic Idiopathic Constipation.
- Member must have been unsuccessful with documented treatment with at least one (1) osmotic laxative (i.e., polyethylene glycol, lactulose, etc.).

Limitations:

- Maximum daily dose limit is 1 daily of either 1mg or 2mg tablet.