

NYRx Drug Class Coverage Overview: Constipation Agents

August 26, 2025

NYRx Drug Utilization Review Program

Drugs in the Constipation Agents drug class require prior authorization (PA) under the [NYRx Drug Utilization Review \(DUR\) Program](#):

Drug / Class Name	Step Therapy (ST) Parameters	Frequency / Quantity / Duration (F/Q/D) Parameters	Additional / Alternate Parameter(s)
Constipation Agents <ul style="list-style-type: none"> • linaclotide (Linzess®) • lubiprostone (Amitiza®) • methylnaltrexone (Relistor®) • naldemedine (Symproic®) • naloxegol (Movantik®) • plecanatide (Trulance®) • prucalopride (Motegrity™) • tenapanor (Ibsrela®) 	Opioid Induced Constipation (OIC) and Chronic Idiopathic Constipation (CIC) <ul style="list-style-type: none"> • Trial with an osmotic laxative, a stimulant laxative, and a stool softener prior to use. Irritable Bowel Syndrome w/ Constipation (IBS-C) <ul style="list-style-type: none"> • Trial with a bulking agent and an osmotic laxative within 89 days of use. 	QUANTITY LIMIT: <ul style="list-style-type: none"> • linaclotide, naldemedine, naloxegol, plecanatide: 1 tablet/day • lubiprostone: 2 capsules/day • methylnaltrexone: 1 vial or syringe/day, 4 kits/28 days • prucalopride: 2 mg/day max; 1 tablet per day • tenapanor 2 tablets/day 	<ul style="list-style-type: none"> • Confirmation of FDA-approved or compendia-supported indication.

Prior Authorization Requirements

- Confirmation of FDA-approved or compendia-supported indication.
- Step Therapy ([ST](#)) requirements outlined under [DUR](#) are as follows:
 - Opioid Induced Constipation (OIC) and Chronic Idiopathic Constipation (CIC)
 - Trial with an osmotic laxative, a stimulant laxative, and a stool softener prior to use.
 - Irritable Bowel Syndrome with Constipation (IBS-C)
 - Trial with a bulking agent and an osmotic laxative within 89 days of use.
- Frequency/Quantity/Duration ([F/Q/D](#)) requirements outlined under [DUR](#) are as follows:
 - linaclotide (Linzess®), naldemedine (Symproic®), naloxegol (Movantik®), plecanatide (Trulance®): 1 tablet/day
 - lubiprostone (Amitiza®): 2 capsules/day
 - methylnaltrexone (Relistor®): 1 vial or syringe/day, 4 kits/28 days
 - prucalopride (Motegrity™): 2 mg/day max; 1 tablet per day
 - tenapanor (Ibsrela®): 2 tablets/day

What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with the constipation agents coverage criteria parameters in the [DUR](#) program and incorporate this information when discussing the need for PA with prescribers.

What Prescribers Need to Do

Prescribers should become familiar with the constipation agents coverage criteria parameters in the [DUR](#) program and incorporate this information when prescribing for Medicaid members.

Resources

- [NYRx Drug Utilization Review \(DUR\) Program](#)
- [NYRx Education & Outreach Website](#)
- [NYRx Frequency/Quantity/Duration \(F/Q/D\)](#)
- [NYRx Prior Authorization Submission Guide](#)
- [NYRx Step Therapy \(ST\)](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the [NYRx Education & Outreach website](#) for more information.