Common Prior Authorization Questions

This document is intended to be used as a tool for prescribers to outline their clinical rationale for their support staff for the purpose of completing prior authorizations and appeals.

Generally, payers may request the following information:

- Payers typically want to know if the patient has tried and failed their preferred formulary alternatives and if not, they require an explanation. Here are some common formulary alternatives that will need to be addressed.

  If the patient has not tried, please explain your rationale:

  - **Lubiprostone (Amitiza®)-** _____

    _____

  - **Naloxegol (Movantik®)-** _____

    _____

  - **Naldemedine (Symproic®)-** _____

    _____

  - **Lactulose (Enulose, Generlac, Constulose, etc.)-** _____

    _____

  - **Linaclotide (Linzess®)-** _____

    _____

- Patient diagnosis ICD-10 Code? (E.g.- K59.03 Drug-induced constipation)

_____

_____

- Rx details: Example

Quantity	Duration (Days Supply)	Dosage Form
90 tablets	30 days	150 Mg Tablets

_____

_____

Common Prior Authorization Questions

- Is the patient currently taking opioid pain medication? (Y/N)

- Does patient have one of the following?
  - Chronic Non-cancer pain
  - Cancer Pain
  - Other

- Has the patient had an inadequate response, intolerance, or contraindication to over-the-counter laxative therapy?

- If the patient failed these medications, note the date, dose, duration of therapy, and clinical outcome; e.g., the patient had an inadequate response that included adverse events.

Medication	Start Date	Dose	Duration	Clinical Outcome

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