MOLINA HEALTHCARE

# Chronic GI Motility Agents

Please provide the information below, print your answers, attach supporting documentation, sign, date and return to our office as soon as possible to expedite this request.
**Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082.**

| Date of Request | | | |
|---|---|---|---|
| Patient | Date of Birth | | Molina Member ID# |
| Pharmacy Name | Pharmacy NPI | Telephone Number | Fax Number |
| Prescriber | Prescriber NPI | Telephone Number | Fax Number |
| Medication and Strength | | | Qty/Days Supply |
| Directions for Use | | | |

1. Is this request for a continuation of existing therapy? ☐ Yes ☐ No
2. If this request is for a continuation of therapy, is there documentation showing positive clinical benefit of one of the following (check all that apply):
   - ☐ A ≥30% reduction in average daily abdominal pain score compared to baseline
   - ☐ Documentation of ≥3 or more spontaneous bowel movements per week
   - ☐ Increase of ≥1 spontaneous bowel movement per week compared to baseline
   - ☐ Reduction in number of days per week with at least 1 stool that has a type 6 or 7 consistency according to the Bristol Stool Form Scale (BSFS) compared to baseline
3. Indicate patient's diagnosis:
   - ☐ Irritable bowel syndrome with constipation (IBS-C)
   - ☐ Chronic idiopathic constipation (CIC)
   - ☐ Opioid-induced constipation (OIC) with chronic non-cancer pain
   - ☐ Severe diarrhea-prominent irritable bowel syndrome (IBS)
   - ☐ Irritable bowel syndrome with diarrhea (IBS-D)
   - ☐ Opioid-induced constipation in patients with advanced illness or pain caused by active cancer requiring opioid dosage escalation for palliative care
   - ☐ Other. Specify: ________________
4. Does patient have history of a known or suspected GI obstruction? ☐ Yes ☐ No
5. Does the patient have a history of failure, contraindication or intolerance to ≥ 2 week trial of any of the following conventional therapies? (check all that apply)
   - ☐ Antibiotics (e.g. rifaximin)
   - ☐ Antidepressants (e.g. amitriptyline, nortriptyline)

- ☐ Antidiarrheal (e.g. loperamide)
- ☐ Antispasmodics (e.g. dicyclomine, hyoscyamine)
- ☐ Bile acid sequestrants (e.g. cholestyramine, colestipol)
- ☐ Bulk-forming laxative (e.g. psyllium)
- ☐ Osmotic agents (e.g. lactulose, polyethylene glycol)
- ☐ Stimulant laxative (e.g. sennoside)
- ☐ Stool softener (e.g. docusate sodium)

**For tegaserod (Zelnorm) answer the following:**

6. Does the patient have a history of any of the following (check all that apply):
   - ☐ Abdominal adhesions
   - ☐ Angina
   - ☐ Myocardial Infarction
   - ☐ Gallbladder disease
   - ☐ Ischemic Colitis
   - ☐ Stroke
   - ☐ Transient Ischemic attack
   - ☐ Other forms of intestinal ischemia
7. What is the patients eGFR?______mL/min

**For diagnosis of irritable bowel syndrome with diarrhea (IBS-D) answer the following:**

8. Does the patient have a history of any of the following (check all that apply):
   - ☐ Alcoholism or consumption of more than 3 alcoholic drinks daily
   - ☐ Biliary duct obstruction
   - ☐ Cholecystectomy
   - ☐ Chronic or severe constipation
   - ☐ Pancreatitis
   - ☐ Severe hepatic impairment (child Pugh C)
   - ☐ Sphincter of Oddi disease or dysfunction

**For diagnosis of severe diarrhea-prominent irritable bowel syndrome (IBS) answer the following:**

9. Does the patient have any of the following symptoms? (check all that apply)
   - ☐ Frequent and severe abdominal pain/discomfort
   - ☐ Frequent bowel urgency or fecal incontinence
   - ☐ Disability or restriction of daily activities due to IBS-D
10. Does the patient have a history of any of the following (check all that apply):
    - ☐ Crohn's disease or ulcerative colitis
    - ☐ Diverticulitis
    - ☐ Toxic megacolon
    - ☐ Gastrointestinal perforation or adhesions
    - ☐ Ischemic colitis
    - ☐ Impaired intestinal circulation
    - ☐ Thrombophlebitis or hypercoagulable state
    - ☐ Severe hepatic impairment

**Provide the following required documentation:**

- Chart notes
- Continuation of therapy requests: Documentation of positive clinical benefit, including baseline measures.

| Prescriber Signature | Prescriber Specialty | Date |
| --- | --- | --- |
| | | |