



**Amitiza<sup>®</sup>, Linzess<sup>®</sup>, Movantik<sup>™</sup> Prior Authorization Request Form**

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>	Directions for Use:	
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>		

Clinical Information (required)	
<b>Select the diagnosis below:</b>	
<input type="checkbox"/> Chronic idiopathic constipation [ <b>Amitiza</b> and <b>Linzess</b> only]	
<input type="checkbox"/> Irritable bowel syndrome with constipation (IBS-C) [ <b>Amitiza</b> and <b>Linzess</b> only]	
<input type="checkbox"/> Opioid-induced constipation in an adult patient with chronic pain [ <b>Amitiza</b> and <b>Movantik</b> only]	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

**For opioid-induced constipation in an adult patient with chronic pain, answer the following:**  
Is the pain associated with cancer?  Yes  No

**Quantity limit requests:**  
What is the quantity requested per DAY? \_\_\_\_\_

**What is the reason for exceeding the plan limitations?**

Titration or loading dose purposes

Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)

Requested strength/dose is not commercially available

Other: \_\_\_\_\_

**Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?**

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Please note: This request may be denied unless all required information is received.  
For urgent or expedited requests please call 1-855-401-4262.  
This form may be used for non-urgent requests and faxed to 1-844-403-1029.

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