

GI Motility, Chronic

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DS – Maximum Days’ Supply Allowed	PU – Prior Use of Other Medication is Required
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DT – Duration of Therapy Limit	QL – Quantity Limit
BY – Diagnosis Codes Bypass Some Requirements	DX – Diagnosis Code Requirement	RX – Specific Prescription Requirement
CL – Additional Clinical Information is Required	ER – Early Refill	TD – Therapeutic Duplication
CU – Concurrent Use with Other Medication is Restricted	MD – Maximum Dose Limit	YQ – Yearly Quantity Limit
DD – Drug-Drug Interaction	MME – Maximum Morphine Milligram Equivalent is Restricted	

GI Motility, Chronic

POS Edits

DX – Pharmacy claims for these agents must be submitted with an appropriate diagnosis code found at [THIS LINK](#).

~~**QL** – Linaclotide Capsule (Linzess®) is limited to 1 capsule per day.~~

<p>QL – These agents are limited to a maximum quantity listed in the chart to the right.</p>	<u>Generic (Brand Example)</u>	<u>Quantity Limit</u>
	<u>Alosetron Tablet (Lotronex®)</u>	<u>2 tablets per day</u>
	<u>Eluxadoline Tablet (Viberzi®)</u>	<u>2 tablets per day</u>
	Linaclotide Capsule (Linzess®)	1 capsule per day
	<u>Lubiprostone Capsule (Amitiza®)</u>	<u>2 capsules per day</u>
	<u>Methylnaltrexone Syringe (Relistor®)</u>	<u>30 syringes per 30 days</u>
	<u>Methylnaltrexone Tablet (Relistor®)</u>	<u>3 tablets per day</u>
	<u>Naldemedine Tablet (Symproic®)</u>	<u>1 tablet per day</u>
	<u>Naloxegol Tablet (Movantik®)</u>	<u>1 tablet per day</u>
	<u>Plecanatide Tablet (Trulance®)</u>	<u>1 tablet per day</u>
	<u>Prucalopride Tablet (Motegrity®)</u>	<u>1 tablet per day</u>
	<u>Tenapanor Tablet (Ibsrela®)</u>	<u>2 tablets per day</u>

GI Motility, Chronic

Revision / Date	Implementation Date
Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Formatting changes / August 2023	October 2023
Added quantity limit to Linzess® / November 2024	March 2025
Added POS diagnosis code requirement / March 2025	August 2025
<u>Added quantity limits / June 2025</u>	<u>January 2026</u>