

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

prucalopride (Motegrity)

Notes:

Quantity Limits: Yes

Initiation (new start) criteria: Non-formulary **prucalopride (Motegrity)** will be covered on the prescription drug benefit when the following criteria are met:

1. Patient has a diagnosis of chronic idiopathic constipation (CIC)
 - Patient is at least 18 years old
 - Prescriber is a Gastroenterologist
 - Patient is intolerant to, has a contraindication to, or had an inadequate response to at least 4 weeks of scheduled doses of the following medications:
 - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
 - An osmotic laxative: Polyethylene glycol (MiraLAX/ClearLAX) or lactulose
 - A stimulant laxative: senna or bisacodyl
 - Lubiprostone (Amitiza)
 - Plecanatide (Trulance) (criteria based)
 - Linaclotide (Linzess) (criteria based)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **prucalopride (Motegrity)** will be covered on the prescription drug benefit when the following criteria are met:

1. Patient has a diagnosis of chronic idiopathic constipation (CIC)
 - Patient is at least 18 years old
 - Prescriber is a Gastroenterologist
 - Patient is intolerant to, has a contraindication to, or had an inadequate response to scheduled doses of the following medications:
 - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
 - An osmotic laxative: Polyethylene glycol (MiraLAX/ClearLax) or lactulose
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