Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

prucalopride (Motegrity)

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

- Diagnosis of chronic idiopathic constipation (CIC)
- Prescriber is a Gastroenterologist
- Patient has had an inadequate response to an adequate trial of at least 4 weeks or intolerance to scheduled doses of the following medications:
  - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
  - An osmotic laxative: Polyethylene glycol (MiraLAX) or lactulose
  - A stimulant laxative: senna or bisacodyl
  - Linaclotide (Linzess) (also criteria based)
  - Lubiprostone (Amitiza) (also criteria based)
  - Trulance (plecanatide) (also criteria based)

**Criteria for current Kaiser Permanente members 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:

- Diagnosis of chronic idiopathic constipation (CIC)
- Prescriber is a Gastroenterologist
- Patient has had an inadequate response to or intolerance to scheduled doses of the following medications:
  - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
  - An osmotic laxative: Polyethylene glycol (MiraLAX) or lactulose
  - A stimulant laxative: senna or bisacodyl
  - Linaclotide (Linzess) (also criteria based)
  - Lubiprostone (Amitiza) (also criteria based)
  - Trulance (plecanatide) (also criteria based)
CRITERIA FOR DRUG COVERAGE
prucalopride (Motegrity)

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:

- Diagnosis of chronic idiopathic constipation (CIC)
- Prescriber is a Gastroenterologist
- Patient has had an inadequate response to or intolerance to scheduled doses of the following medications:
  - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
  - An osmotic laxative: Polyethylene glycol (MiraLAX) or lactulose
  - A stimulant laxative: senna or bisacodyl
  - Linaclotide (Linzess) (also criteria based)
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