For patients not currently taking plecanatide (Trulance®), non-formulary plecanatide (Trulance®) will be covered on the prescription drug benefit when the following criteria are met:

1. Diagnosis of irritable bowel syndrome with constipation (IBS-constipation predominant)
   - AND -
   • Prescriber is a Gastroenterologist
   - AND -
   • 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 (Citruce)
     - Polyethylene glycol (MiraLAX)
     - Linaclotide (Linzess ®) (also criteria based)
     - Lubiprostone (Amitiza ®) (also criteria based) if patient is female
   - OR –

2. Diagnosis of chronic idiopathic constipation
   - AND -
   • Prescriber is a Gastroenterologist
   - AND -
   • 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 (Citruce)
     - An osmotic laxative: polyethylene glycol (MiraLAX) or lactulose
     - A stimulant laxative: senna or bisacodyl
     - Linaclotide (Linzess ®) (also criteria based)
Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

plecanatide (Trulance®)

- Lubiprostone (Amitiza ®) (also criteria based)

For patients currently taking plecanatide (Trulance®), non-formulary plecanatide (Trulance®) will be covered on the prescription drug benefit when the following criteria are met:

1. Diagnosis of irritable bowel syndrome with constipation (IBS-constipation predominant)
   - AND -
   - Prescriber is a Gastroenterologist
   - AND -
   - 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)
     - Polyethylene glycol (MiraLAX)
     - Linaclotide (Linzess ®) (also criteria based)
     - Lubiprostone (Amitiza ®) (also criteria based) if patient is female
   - OR –

2. Diagnosis of chronic idiopathic constipation
   - AND -
   - Prescriber is a Gastroenterologist
   - AND -
   - 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)
     - Polyethylene glycol (MiraLAX)
     - An osmotic laxative: polyethylene glycol (MiraLAX) or lactulose
CRITERIA FOR DRUG COVERAGE

plecanatide (Trulonce®)

- A stimulant laxative: senna or bisacodyl
- Linaclotide (Linzess®) (also criteria based)
- Lubiprostone (Amitiza®) (also criteria based)