

CRITERIA FOR PRIOR AUTHORIZATION

Anti-Constipation Agents

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES All dosage forms of the following drugs require prior authorization:
Linaclotide (Linzess®)
Lubiprostone (Amitiza®)
Plecanatide (Trulance®)
Prucalopride (Motegrity™)

CRITERIA FOR LINACLOTIDE APPROVAL (Must meet the following criteria):

- Patient must have one of the following diagnoses:
 - chronic idiopathic constipation
 - irritable bowel syndrome (IBS) with constipation
- Patient must be 18 years of age or older
- Patient must have experienced an inadequate response after a 14-day trial of lactulose or polyethylene glycol (PEG-3350) at a maximum tolerated dose, OR have a documented intolerance or contraindication to both lactulose and polyethylene glycol (PEG-3350)
- Patient must not have a known or suspected mechanical gastrointestinal obstruction

CRITERIA FOR LUBIPROSTONE APPROVAL (Must meet the following criteria):

- Patient must have one of the following diagnoses:
 - chronic idiopathic constipation
 - irritable bowel syndrome (IBS) with constipation
 - opioid-induced constipation with chronic, non-cancer pain
- Patient must be 18 years of age or older
- Patient must have experienced an inadequate response after a 14-day trial of lactulose or polyethylene glycol (PEG-3350) at a maximum tolerated dose, OR have a documented intolerance or contraindication to both lactulose and polyethylene glycol (PEG-3350)
- Patient must not have a known or suspected mechanical gastrointestinal obstruction

CRITERIA FOR PLECANATIDE APPROVAL (Must meet the following criteria):

- Patient must have one of the following diagnoses:
 - Chronic idiopathic constipation
 - Irritable bowel syndrome with constipation
- Patient must be 18 years of age or older
- Patient must have experienced an inadequate response after a 14-day trial of lactulose or polyethylene glycol (PEG-3350) at a maximum tolerated dose, OR have a documented intolerance or contraindication to both lactulose and polyethylene glycol (PEG-3350)
- Patient must not have a known or suspected mechanical gastrointestinal obstruction

APPROVED PA Criteria

CRITERIA FOR PRUCALOPRIDE APPROVAL (Must meet the following criteria):

- Patient must have a diagnosis of chronic idiopathic constipation
- Patient must be 18 years of age or older
- Patient must have experienced an inadequate response after a 14-day trial of lactulose or polyethylene glycol (PEG-3350) at a maximum tolerated dose, OR have a documented intolerance or contraindication to both lactulose and polyethylene glycol (PEG-3350)
- Patient must not have a known or suspected mechanical gastrointestinal obstruction

LENGTH OF APPROVAL 12 months

Notes:

- Linaclotide and plecanatide are contraindicated in patients less than 6 years of age due to the risk of serious dehydration. Avoid use in patients 6-17 years of age.

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE