

# 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
  - 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)

**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
  - 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
    - A stimulant laxative: senna or bisacodyl
    - Lubiprostone (Amitiza)
    - Plecanatide (Trulance) (criteria based)