

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

plecanatide (Trulance)

Notes:

Quantity Limits: Yes

Initiation (new start) criteria: non-formulary **plecanatide (Trulance)** will be covered on the prescription drug benefit when the following criteria are met:

1. Patient has a diagnosis of irritable bowel syndrome with constipation (IBS-C)
 - 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)
 - Polyethylene glycol (MiraLAX/ClearLax)
 - Lubiprostone (Amitiza)

- OR -

2. 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)

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

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