

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Chronic Idiopathic Constipation (CIC)
2. Irritable bowel syndrome with constipation (IBS-C)

AND ALL of the following:

- a. Inadequate response to **ALL** of the following laxative therapies:
 - i. Bulk-forming laxative (e.g. psyllium (Metamucil))
 - ii. Stimulant laxative (e.g. senna (Senokot))
 - iii. Osmotic laxative (e.g. polyethylene glycol 3350 (Miralax))
- b. Absence of gastrointestinal obstruction
- c. **NO** dual therapy with other legend constipation medications (see Appendix 1)
- d. Patient **MUST** have completed an adequate 3-month trial of the preferred product (Linzess) unless the patient has a valid medical exception (e.g., intolerance, contraindication)

Prior - Approval Limits

Quantity 90 tablets per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Chronic Idiopathic Constipation (CIC)
2. Irritable bowel syndrome with constipation (IBS-C)

AND ALL of the following:

- a. Improvement in constipation symptoms

**TRULANCE
(plecanatide)**

- b. Absence of gastrointestinal obstruction
- c. **NO** dual therapy with other legend constipation medications (see Appendix 1)
- d. Patient **MUST** have completed an adequate 3-month trial of the preferred product (Linzess) unless the patient has a valid medical exception (e.g., intolerance, contraindication)

Prior - Approval *Renewal* Limits

Same as above

Appendix 1 - List of Legend Constipation Medications

Generic Name	Brand Name
linaclotide	Linzess
lubiprostone	Amitiza
methylnaltrexone	Relistor
naldemedine	Symproic
naloxegol	Movantik
plecanatide	Trulance
prucalopride	Motegrity
tenapanor	Ibsrela