

Generic Name: N/A

Therapeutic Class or Brand Name: Chronic Constipation – Idiopathic and IBS-C*

Applicable Drugs (if Therapeutic Class):

Amitiza® (lubiprostone), Linzess®** (linaclotide), Motegrity® (prucalopride), Trulance® (plecanatide).

GPI Code: 5245004500, 5255705000, 5256006020, 5254306000.

Preferred: N/A

Non-preferred: N/A

Date of Origin: 5/1/2019

Date Last Reviewed / Revised: N/A

*This policy does not address patients with a diagnosis of Opioid-Induced Constipation (refer to separate policy "Chronic Constipation – Opioid-Induced").

**Preferred and does not require prior authorization for Premium Plus formulary only. Please refer to specific health plan benefits.

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through III are met)

- I. Patient is at least 18 years of age or older.
- II. Patient has one of the conditions listed below AND the indication is FDA-approved for the particular drug requested as delineated in Appendix 1:
 - A. Chronic Idiopathic Constipation (CIC) with symptoms lasting \geq 3 months in duration
 - B. Irritable Bowel Syndrome with Constipation (IBS-C)
- III. Patient has documented failure, intolerance or contraindication to at least 3 different standard laxative therapies from 3 different laxative classes/therapies A through C below:
 - A. Osmotic laxative (such as PEG 3350, lactulose)
 - B. Stimulant laxative (such as sennosides and bisacodyl)
 - C. Bowel regimen combination of drugs from A and B above with or without docusate

EXCLUSION CRITERIA

- This policy does not address patients with a diagnosis of Opioid-Induced Constipation (refer to separate policy "Chronic Constipation – Opioid-Induced").
- Male patients requesting Amitiza® for IBS-C.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Linzess®: up to 30 capsules per 30 days.

MEDICATION POLICY:
Chronic Constipation – Idiopathic/IBS-C



- Amitiza®: up to 60 capsules per 30 days.
- Motegrity®: up to 30 tablets per 30 days.
- Trulance®: up to 30 tablets per 30 days.

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes confirming the current medical necessity criteria are met and showing the medication is effective.

APPENDIX

Appendix 1. FDA-Approved Indications for Drugs for the Treatment of Chronic Constipation

	CIC	IBS-C	OIC
Amitiza®	✓	✓*	✓
Linzess®	✓	✓	
Motegrity®	✓		
Movantik®			✓
Relistor®			✓
Trulance®	✓	✓	
Symprioc®			✓

*Amitiza® is FDA-approved only for FEMALE patients with IBS-C.

CIC = Chronic Idiopathic Constipation ≥ 3 months duration

IBS-C = Irritable Bowel Syndrome with Constipation

OIC = Opioid-Induced Constipation

REFERENCES

1. https://www.allergan.com/assets/pdf/linzess_pi .
2. <https://general.takedapharm.com/amitizapi> .
3. <https://www.trulance.com/prescribing-information.pdf> .
4. https://www.shirecontent.com/PI/PDFs/MOTTEGRITY_USA_ENG.pdf .
5. <https://www.shionogi.com/pdf/pi/wp-content/themes/pdfs/symprioc.pdf> .
6. Medispan®.

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
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MEDICATION POLICY:
Chronic Constipation – Idiopathic/IBS-C



5/1/2019	1. New Policy.
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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.