

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	July 21, 2021  July 18, 2023, March 26, 2024

### Constipation Treatment Agents

PREFERRED MEDICATION	NON-PREFERRED MEDICATION	AUTOMATED PRIOR AUTHORIZATION MEDICATION (trial and failure to lactulose required)
Lactulose 10 gm/15 mL solution	Ibsrela <sup>®</sup> (tenapanor)*	Amitiza <sup>®</sup> (lubiprostone)
Lactulose 20 gm/30 mL solution	Motegrity <sup>®</sup> (prucalopride)	Linzess <sup>®</sup> (linaclotide)
	Relistor <sup>®</sup> (methylnaltrexone)	Movantik <sup>®</sup> (naloxegol)
	Symproic <sup>®</sup> (naldemedine)	Trulance <sup>®</sup> (plecanatide)

\*Ibsrela has drug-specific criteria

**LENGTH OF AUTHORIZATION:** Up to one year

**REVIEW CRITERIA:**

- Patient must be ≥ 18 years of age.
- For the treatment of chronic idiopathic constipation (CIC) or irritable bowel syndrome with constipation (IBS-C):
  - The patient has a confirmed diagnosis of CIC or IBS-C.
  - Patient must have a documented history (within the past month) of trial and failure or intolerance to Lactulose.
  - Patient has tried and failed one of the preferred agents [e.g., Linzess<sup>®</sup> (linaclotide) and Amitiza<sup>®</sup> (lubiprostone)] or have a medical reason as to why the patient is unable to use the preferred product.
- For the treatment of opioid induced constipation (OIC):
  - The patient must have a documented history (within the past month) of an advanced illness (e.g., cancer) that requires the chronic use of opioids OR patient has a confirmed diagnosis of OIC with chronic non-cancer pain.
  - Patient must have a documented history (within the past month) of trial and failure or intolerance to Lactulose.
  - Patient has tried and failed one of the preferred agents [e.g., Movantik<sup>®</sup> (naloxegol) and Amitiza<sup>®</sup> (lubiprostone)] or have a medical reason as to why the patient is unable to use the preferred product.
- Dosing is appropriate as per labeling or is supported by compendia or standard of care guidelines.

**CONTINUATION OF THERAPY:**

- Patient met initial review criteria.
- Documentation of positive clinical response.
- Dosing is appropriate as per labeling or is supported by compendia or standard of care guidelines.

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**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>