

## TRULANCE (plecanatide, oral)

**Diagnoses Considered for Coverage:**

- Idiopathic, chronic constipation (ICC)

**Coverage Criteria:**

**1. For Idiopathic Chronic Constipation:**

- Patient is 18 years of age or older, **and**
- Has history of constipation for at least 6 months, **and**
- Has less than 3 bowel movements per week, **and**
- Obstructive cause for constipation has been ruled out, **and**
- Inadequate response or intolerable side effect to TWO firstline chronic constipation agents; one of which is a hyperosmotic agent (see table below), **and**
- Inadequate response or intolerable side effect to Amitiza, **and**
- Dose does not exceed 3 mg per day.

LAXATIVE TYPE	AGENT
Hyperosmotic	Amitiza Linzess Trulance Glycerin (Fleet Glycerin PR) Lactulose (Constulose, Enulose, Lactulose) Sorbitol Polyethylene glycol-PEG (Miralax, Top Care Clearlax) PEG w/electrolytes (Colyte, Golytely, Moviprep, Nulytely)
Saline laxative	Magnesium (Mag Citrate, Milk of Magnesia-MOM, Haley's MO) Na phosphate (Fleet Phospho, Fleet Enema) (Osmoprep-Rx only)
Stimulant	Cascara plant Bisacodyl (Dulcolax) Senna (Senokot, Perdiem, Peri-Colace) <sup>a</sup>
Stool Softener	Docusate Na (Colace, DSS, Dulcolax Stool Softener)
Lubricant	Mineral oil (Fleet)

**Coverage Duration:** length of benefit

Effective: 4/01/2017GF