

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

TRULANCE
(plecanatide)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Trulance is indicated in adults for the treatment of:

- chronic idiopathic constipation (CIC).
- irritable bowel syndrome with constipation (IBS-C).

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for treatment of chronic idiopathic constipation (CIC) in an adult
- OR**
- The requested drug is being prescribed for treatment of irritable bowel syndrome with constipation (IBS-C) in an adult

REFERENCES

1. Trulance [package insert]. Bridgewater, NJ: Salix Pharmaceuticals, Inc.; February 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed September 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed September 2020.