

Drugs for Constipation

Length of Authorization:

- Up to 6 months

Not Covered by OHP:

- Disorders of function of stomach and other functional digestive disorders which includes constipation and Irritable Bowel Syndrome (ICD-10: K3183-3184, K310, R1110, K30, K3189, K319, K314-315, K312, K589, K591, K594, K5900-5902, K5909, K910-911, K9189, K598-599, R159, R150, R152)

Requires PA:

- Non-preferred drugs

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria												
1. What diagnosis is being treated?	Record ICD10 code.											
2. Is the diagnosis covered by the OHP?	Yes: Go to #3	No: Pass to RPh. Deny; diagnosis not covered by OHP.										
3. Will the prescriber consider a change to a preferred product? Message: preferred products do not require a PA.	Yes: Inform prescriber of covered alternatives	No: Go to #4										
4. Has the patient failed a 2-week trial of at least 3 of the following management strategies due to lack of effectiveness, contraindications or adverse effects?	Yes: Approve for 6 months.	No: Pass to RPh. Go to #5.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; background-color: black; color: white; text-align: center;">A</td> <td>Dietary modification—increased dietary fiber (25 g/day)</td> </tr> <tr> <td style="background-color: black; color: white; text-align: center;">B</td> <td>Bulk-forming Laxatives: (psyllium [e.g., Metamucil], methylcellulose [e.g., Citrucel], calcium carbophil [e.g., Fibercon])</td> </tr> <tr> <td style="background-color: black; color: white; text-align: center;">C</td> <td>Saline Laxatives: (magnesium hydroxide [e.g., Milk of Magnesia], magnesium citrate, sodium phosphate [Fleet Enema])</td> </tr> <tr> <td style="background-color: black; color: white; text-align: center;">D</td> <td>Stimulant Laxatives: (senna or bisacodyl)</td> </tr> <tr> <td style="background-color: black; color: white; text-align: center;">E</td> <td>Osmotic Laxatives: (lactulose, sorbitol or polyethylene glycol 3350 [e.g., Miralax, Glycolax])</td> </tr> </table>			A	Dietary modification—increased dietary fiber (25 g/day)	B	Bulk-forming Laxatives: (psyllium [e.g., Metamucil], methylcellulose [e.g., Citrucel], calcium carbophil [e.g., Fibercon])	C	Saline Laxatives: (magnesium hydroxide [e.g., Milk of Magnesia], magnesium citrate, sodium phosphate [Fleet Enema])	D	Stimulant Laxatives: (senna or bisacodyl)	E	Osmotic Laxatives: (lactulose, sorbitol or polyethylene glycol 3350 [e.g., Miralax, Glycolax])
A	Dietary modification—increased dietary fiber (25 g/day)											
B	Bulk-forming Laxatives: (psyllium [e.g., Metamucil], methylcellulose [e.g., Citrucel], calcium carbophil [e.g., Fibercon])											
C	Saline Laxatives: (magnesium hydroxide [e.g., Milk of Magnesia], magnesium citrate, sodium phosphate [Fleet Enema])											
D	Stimulant Laxatives: (senna or bisacodyl)											
E	Osmotic Laxatives: (lactulose, sorbitol or polyethylene glycol 3350 [e.g., Miralax, Glycolax])											

Approval Criteria

5. RPh only:

Constipation is not covered under the OHP. Therefore, funding for drugs that treat constipation are dependent whether the constipation adversely affects, or is secondary to, the underlying medical condition covered by the Prioritized List.

- Alvimopan (ENTEREG): FDA labeling, including a black boxed warning for risk of myocardial infarction, limit use to *in hospital use only* for a maximum of 15 doses. Evidence is primarily for the immediate post-operative period only.
- Linaclotide (LINZESS): Constipation secondary to irritable bowel syndrome is not approvable. Chronic constipation caused by a funded condition or adversely affecting a funded condition is approvable if medically appropriate and justification is provided for not meeting criterion #4.
- Lubiprostone (AMITIZA): Constipation secondary to irritable bowel syndrome or opioid-induced constipation is not approvable. Chronic constipation caused by a funded condition or adversely affecting a funded condition is approvable if medically appropriate and justification is provided for not meeting criterion #4.
- Methylnaltrexone (RELISTOR) and Naldemedine (SYMPROIC): Opioid-induced constipation in patients with non-cancer pain is not approvable. Chronic constipation secondary to continuous opioid use as part of a palliative care regimen is approvable if justification is provided for not meeting criterion #4.
- Naloxegol (MOVANTIK): Opioid-induced constipation in patients with non-cancer pain is not approvable. Justification must be provided for not meeting criterion #4.
- Plecanatide (TRULANCE): Chronic idiopathic constipation is not approvable. Chronic constipation caused by a funded condition or adversely affecting a funded condition is approvable if medically appropriate and justification is provided for not meeting criterion #4.

P&T Review: 7/17 (DM); 3/15; 3/09
Implementation: 9/1/17; 5/1/16; 10/15, 4/18/15