

prucalopride (MOTEGRITY)

Diagnoses Considered for Coverage:

- Chronic idiopathic constipation (CIC)

Coverage Criteria:

For diagnosis above:

- Patient is at least 18 years of age, **and**
- Inadequate response, intolerable side effect, or contraindication to Linzess, **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 5/31/2023