



Montana Healthcare Programs Drug Prior Authorization Coverage Criteria

Trulance™ (plecanatide)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be at least 18 years old
 - **Black Box Warning** for serious dehydration in pediatric patients
- Member must have a diagnosis of chronic idiopathic constipation or irritable bowel syndrome with constipation
- Member must have been unsuccessful with documented treatment with at least one (1) osmotic laxative (i.e., polyethylene glycol, lactulose, etc.)

Limitations:

- Maximum dose allowed is 3mg daily