

	
AETNA BETTER HEALTH® Coverage Policy/Guideline	
Name: Prucalopride	Page: 1 of 2
Effective Date: 8/4/2025	Last Review Date: 5/2025
Applies to:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Illinois <input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids </div> <div> <input type="checkbox"/> Florida <input checked="" type="checkbox"/> Maryland <input type="checkbox"/> Virginia </div> <div> <input type="checkbox"/> Michigan <input checked="" type="checkbox"/> Florida Kids <input type="checkbox"/> Kentucky PRMD </div> </div>

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for prucalopride under the patient’s prescription drug benefit.

Description:

FDA-approved Indications

Prucalopride is indicated for the treatment of chronic idiopathic constipation (CIC) in adults.

Applicable Drug List:

Prucalopride

Policy/Guideline:

Coverage Criteria

Chronic Idiopathic Constipation (CIC)

Authorization may be granted when the requested drug is being prescribed for the treatment of chronic idiopathic constipation (CIC) in an adult patient

AND

The patient had treatment failure with one of the following classes: a bulk forming laxative (psyllium or fiber), an osmotic laxative (for example, PEG) or a stimulant laxative (bisacodyl, sodium picosulfate [SPS] or senna).

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Limit: 30 tablets every 30 days

References:

1. Motegrity [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; November 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed September 10, 2024.



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3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at:
<https://www.micromedexsolutions.com/> (cited: 09/10/2024).