



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Prucalopride

Page: 1 of 2

Effective Date: 12/1/2025

Last Review Date: 5/2025;  
9/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

### 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.



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2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed September 10, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 09/10/2024).