

# MEDICATION COVERAGE POLICY

## PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE

<b>POLICY:</b>	Bowel Movements	<b>P&amp;T DATE:</b>	9/11/2018
<b>CLASS:</b>	Gastrointestinal Disorders	<b>REVIEW HISTORY:</b>	12/16, 9/15, 9/12, 5/08
<b>LOB:</b>	MCL	(MONTH/YEAR)	

*This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the HPSJ Pharmacy and Therapeutic Advisory Committee.*

## OVERVIEW

Constipation affects 16% of the population and increases with age.<sup>1</sup> While prevalent and often easily resolved, constipation can lead to hospital admissions and accounted for over \$650,000 of HPSJ drug spend between July 2017 and June 2018. Acute diarrhea can be defined as the passage of a greater number of stools of decreased form from the normal lasting less than 14 days, while persistent diarrhea is defined as diarrhea lasting between 14 and 30 days and chronic diarrhea lasts for greater than 30 days. Diarrhea can be caused by a number of factors, including infection. Acute diarrheal infection (also called gastroenteritis) is a leading cause of outpatient visits, hospitalizations, and lost quality of life occurring in both domestic settings and among travelers. According to the American College of Gastroenterology, use of antibiotics for community-acquired diarrhea should be discouraged as most cases are viral in origin & not shortened with antibiotics.<sup>2</sup>

Prescription & OTC constipation and diarrhea medications are used to relieve symptoms and/or regulate bowel movements. While there are many available agents to relieve constipation and diarrhea, non-pharmacologic recommendations should be incorporated into every patient care plan. The purpose of this coverage policy is to review HPSJ's coverage criteria of constipation and diarrhea agents (*Table 1*).

**Table 1: Formulary Bowel Regimen Agents**

Drug	Available Strengths	Fml Limit	Cost Per Rx	Notes
<b>Bulk Forming</b>				
Psyllium Husk with Sugar (Metamucil, Natural Fiber, Konsyl)	3.4 gram/7 gram powder	--	\$5.63	
	3.4 gram/12 gram powder	NF	\$5.89	
	3.4 gram oral powder packet	NF	--	
	Meta Fiber Wafer 2.5 gram oral Wafer	NF	\$11.08	
Psyllium Husk with Aspartame (Metamucil Fiber)	3.4 gram/5.8 gram powder	--	\$5.60	
	3.4 gram oral powder packet	NF	--	
Psyllium Seed (Reguloid, Hydrocil Instant)	Reguloid Laxative Powder	--	\$5.73	
	Hydrocil Instant Packet	NF-	--	
Psyllium Seed with Dextrose (Natural Fiber Lax, Fiber Smooth, Konsyl-D, Natural Vegetable Laxative Powder)	Fiber oral powder	--	\$5.06	
	Metamucil Fiber Wafer 1.7 gram oral Wafer	--	--	
Psyllium Seed with Sugar (Natural Fiber Powder)	Natural Fiber Powder	NF	\$5.44	
<b>Osmotic</b>				
Polyethylene Glycol 3350 (Miralax, Clearlax, Purelax, Gavilax, Smoothlax)	17gram/dose oral powder jar	QL	\$25.36	Limit 1054 grams per 30 days
	17g/dose oral powder packet	NF	\$62.84	
Peg 3350/Na Sulf/ Bicarb/Cl/KCl (Gavilyte, Golytely, Colyte)	Gavilyte-C 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution	--	\$11.18	
	Gavilyte-G 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution	--	\$12.89	
	PEG 3350 and ELS	--	--	
	Golytely 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution	NF	--	
	Golytely 227.1 gram-21.5 gram-6.36 gram oral packet	NF	--	

QL = Quantity Limit; NF = Non-formulary

Drug	Available Strengths	Fml Limit	Cost Per Rx	Notes
Sodium chloride/ NaHCO3/KCl/Peg (Trilyte, Gavilyte-N, Nulytely)	Trilyte With Flavor Packets 420 gram oral solution	--	\$16.04	
	PEG 3350 and ELS	--	\$15.47	
	Gavilyte-N 420 gram solution	NF	--	
	Nulytely With Flavor Packets	NF	--	
Sodium/Potassium/Mag Sulfates (Suprep Bowel Prep)	Suprep Bowel Prep Kit 17.5-3.13 gram oral solution	NF	\$94.16	
Sod picosulf/Mag ox/ Citric Ac (Prepopik Powder Packet)	Prepopik 10 mg-3.5 gram-12 gram oral powder packet	NF	--	
Peg 3350/Sod Sul/NaCl/Asb/C/KCl (MoviPrep Powder Packet)	Moviprep 100 g-7.5 g-2.691 g-4.7 g Powder Packet	NF	--	
<b>Osmotic</b>				
Lactulose (Generlac, Kristalose, Enulose, Constulose)	10 gram/15 mL oral solution	--	\$13.91	
	10 gram powder packet	NF	--	
	20 gram/30 mL oral solution	--	\$20.44	
	20 gram powder packet	NF	--	
Magnesium Oxide (Magox)	250 mg tablet	NF	\$0.49	
	400mg tablet	--	\$0.78	
	500 mg tablet	NF	\$0.79	
Magnesium Hydroxide (Milk of Magnesia)	400mg/5mL suspension	--	\$2.90	
Magnesium Citrate (Citroma)	1.745g/30mL solution (296mL Bottle)	--	\$1.80	
Glycerin (Fleet Pedia-Lax, Sani-Supp)	Adult rectal suppository	--	\$1.52	
	Child rectal suppository	--	\$2.00	
	Fleet Glycerin 5.4 gram/5.4 mL liquid rectal suppository	NF	--	
	Pedia-Lax 2.8 gram/2.7 mL rectal solution	NF	--	
<b>Cathartic</b>				
Sodium Phosphates (Fleet Enema Extra, OsmoPrep Tablet)	7.2 gram-2.7 gram/15 mL oral liquid	NF	--	
	19 gram-7 gram/197 mL enema	--	\$12.73	
	OsmoPrep tablet	NF	--	
<b>Stimulant</b>				
Sennosides (Senna, Senexon)	8.6 mg tablet	--	\$1.13	
	8.6 mg capsule	--	--	
	8.8 mg/5 mL syrup	--	\$7.58	
	15 mg tablet	--	--	
	15 mg chewable tablet	--	-- \$2.64	
	17.2 mg tablet	--	--	
	25 mg tablet	--	--	
Bisacodyl (Dulcolax, Gentle Lax, Fleet Bisacodyl)	5 mg tablet	--	\$1.23	
	5 mg ER tablet	--	\$0.23	
	10 mg rectal suppository	--	\$2.69	
	10 mg/30 mL rectal enema	--	\$53.80	
<b>Stool Softener</b>				
Docusate Sodium (Colace, Doc- Q-Lace, Docusil, Dok, Diocto, Docu Liquid, Silace, Stool Softener)	50 mg capsule	--	\$3.34	
	50mg/5mL solution	--	\$2.77	
	50mg/15mL solution	--	\$4.72	
	60mg/15mL syrup	--	\$4.80	
	100 mg capsule	--	\$0.84	
	100 mg tablet	--	\$1.23	
	250 mg capsule	--	\$1.94	
	Enemeez 283 mg/5 mL enema	NF	\$75.25	
<b>Prokinetic Agent</b>				
Metoclopramide (Reglan)	5 mg/5 mL solution	--	\$2.76	
	5 mg tablet	--	\$3.57	
	10 mg tablet	--	\$2.80	

NF = Non-formulary

Drug	Available Strengths	Fml Limit	Cost Per Rx	Notes
<b>Combinations</b>				
Sennosides/Docusate Sodium (Senna S, Senna Plus)	8.6mg/50mg tablet	--	\$0.87	
Bisac/NaCl/NaHCO3 /KCl/Peg 3350 (Gavilyte-H/Bisacodyl)	GaviLyte-H and Bisacodyl 5 mg-210 gram oral kit	NF	--	
<b>Chloride Channel Activators</b>				
Lubiprostone (Amitiza)	8 mcg capsule	PA; QL	\$363.52	Reserved for patients who have failed treatment with linaclotide (Linzess) or naloxegol (Movantik). Patient must have also failed regularly scheduled, dose optimized polyethylene glycol (Miralax), AND two of the following: bisacodyl, Senna, lactulose, psyllium, magnesium citrate or hydroxide.
	24 mcg capsule	PA; QL	\$345.57	
Linaclotide (Linzess)	72 mcg capsule	PA	\$377.68	Linzess is reserved for patients with treatment failure of properly titrated and regularly scheduled dosing of polyethylene glycol for 2 months (as evidenced by prescription history fills) AND two of the following: bisacodyl, Senna, psyllium, lactulose, magnesium citrate or hydroxide.
	145mcg capsule	PA	\$376.80	
	290 mcg capsule	PA	\$377.07	
Plecanatide (Trulance)	3 mg tablet	NF	\$396.24	
<b>Opioid antagonist, peripherally-acting</b>				
Methylnaltrexone (Relistor)	8 mg/0.4 mL subcutaneous solution	PA	\$3600.00	Reserved for patients with opioid-induced constipation with chronic non-cancer pain and treatment failure of naloxegol (Movantik) and lubiprostone (Amitiza). Patient must have also failed regularly scheduled, dose optimized polyethylene glycol (Miralax), AND two of the following: bisacodyl, Senna, lactulose, psyllium, magnesium citrate or hydroxide. For subcutaneous Relistor injection, patient must also have documented inability to swallow tablets/capsules.
	12 mg/0.6 mL subcutaneous solution	PA	\$3600.00	
	150 mg tablet	PA	\$1800.00	
Naldemedine (Symproic)	0.2 mg tablet	NF	\$320.23	
Naloxegol (Movantik)	12.5 mg tablet	PA	--	Reserved for patients with opioid-induced constipation with chronic non-cancer pain and treatment failure of dose-optimized, regularly scheduled polyethylene glycol for 2 months (as evidenced by prescription history fills) AND two of the following: bisacodyl, Senna, lactulose, magnesium citrate or hydroxide.
	25 mg tablet	PA	\$346.21	

PA = Prior Authorization; QL = Quantity Limit

Drug	Available Strengths	Fml Limit	Cost Per Rx	Notes
<b>Antidiarrheals</b>				
Bismuth subsalicylate (Pepto-Bismol, Bismatrol, Kao-Tin)	262 mg chewable tablet	--	\$3.34	
	262 mg tablet	--	\$5.73	
	262 mg/15 ml oral suspension	--	\$1.83	
	525 mg/15 ml oral suspension	--	\$2.91	
Diphenoxylate HCl/Atropine (Lomotil)	2.5 mg-0.025 mg liquid	--	\$118.41	
	2.5 mg-0.025 mg tablet	--	\$13.60	
Loperamide HCl (Imodium A-D)	1 mg/5 ml liquid	--	\$3.42	
	1 mg/7.5 ml liquid	--	\$3.79	
	2 mg capsule	--	\$5.45	
	2 mg tablet	--	\$2.73	
Opium Tincture	10 mg/ml tincture	NF	\$549.43	
<b>Antidiarrheal Microorganisms Agents</b>				
L. Rhamnosus GG/Inulin (Culturelle)	10 billion cell-200 mg capsule	NF	\$14.72	
<b>IBS Agents, Mixed Opioid Receptor Agonists/Antagonists</b>				
Eluxadolone (Viberzi)	100 mg tablet	NF	\$1,118.03	

PA = Prior Authorization; QL = Quantity Limit

## ⊕ CLINICAL JUSTIFICATION

Bowel regimens can be divided into two categories of drugs: agents with active mechanism, such as bisacodyl, magnesium oxide, and lubiprostone; and those with passive mechanisms, such as psyllium husk and docusate. The HPSJ formulary is structured to favor fiber and laxatives due to recommendations from the American Gastroenterological Association (AGA).<sup>1</sup> Medications from multiple categories can be combined for patients with inadequate relief from one agent. The whole therapeutic picture should be addressed when treating constipation; calcium channel blockers, opiates, and inadequate management of diabetes (due to dehydration) can exacerbate the condition. Patients must should maintain adequate hydration, eat fibrous foods, and exercise regularly to ensure the highest level of effectiveness.

Diarrhea can be treated with symptomatic therapy, such as loperamide, diphenoxylate, or bismuth subsalicylate. If the diarrhea has an infectious cause, antibiotics such as azithromycin, fluoroquinolones, and rifaximin can be used depending on presentation of symptoms or location of where the patient traveled. According to the American College of Gastroenterology (ACG)<sup>2</sup> and Infectious Diseases Society of America (IDSA),<sup>3</sup> the most useful antimotility agent is loperamide.

## ⊕ EVALUATION CRITERIA FOR APPROVAL/EXCEPTION CONSIDERATION

Below are the coverage criteria and required information for each agent. These coverage criteria have been reviewed approved by the HPSJ Pharmacy & Therapeutics (P&T) Advisory Committee. For conditions not covered under this Coverage Policy, HPSJ will make the determination based on Medical Necessity as described in HPSJ Medical Review Guidelines (UM06).

<b>Bulk Forming Laxative</b>
<i>Psyllium Husk with Sugar (powder), Psyllium Husk with Aspartame (powder), Psyllium Seed (powder), Psyllium Seed with Dextrose (powder, wafer)</i>

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** None
- Non-Formulary:** Psyllium Husk with Aspartame (packet), Psyllium Husk with Sugar (packet), Psyllium Seed (packet)

**Osmotic Laxative**

*Polyethylene Glycol 3350 (powder jar), Peg 3350/Na Sulf/ Bicarb/Cl/KCl (Gavilyte-C, Gavilyte-G, Sodium chloride/ NaHCO3/KCl/Peg (Trilyte), Lactulose, Magnesium oxide (400 mg tablet), Magnesium hydroxide, Magnesium citrate, Glycerin (Adult and Child suppository)*

**Polyethylene Glycol 3350 (powder jar)**

- Coverage Criteria:** None
- Limits:** 1054g per 30 days
- Required Information for Approval:** N/A
- Other Notes:** None
- Non-Formulary:** Polyethylene Glycol 3350 (powder packet)

**Peg 3350/Na Sulf/ Bicarb/Cl/KCl (Gavilyte-C, Gavilyte-G, Sodium chloride/ NaHCO3/KCl/Peg (Trilyte), Lactulose (solution), Magnesium oxide (400 mg tablet), Magnesium hydroxide, Magnesium citrate, Glycerin (Adult and Child suppository)**

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** None
- Non-Formulary:** Polyethylene Glycol 3350 (oral solution), Golytely (solution, powder packet), Gavilyte-N, Nulytely, Suprep Bowel Prep Kit, Prepopik Powder Packet, Moviprep, Magnesium Oxide (500 mg tablet), Glycerin (liquid rectal suppository, rectal solution), Lactulose (packet)

**Cathartic**

*Fleet Enema Extra*

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** None
- Non-Formulary:** Sodium phosphates (OsmoPrep) tablet

**Stimulant Laxative**

*Sennosides (tablet, capsule, syrup, chewable tablet), Bisacodyl (tablet, ER tablet, suppository, enema)*

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** None

**Stool Softener**

*Docusate (capsule, solution, syrup, tablet)*

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** None
- Non-Formulary:** Docusate (enema)

**Prokinetic Agent**

*Metoclopramide (solution, tablet)*

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** None

**Combinations**

*Sennosides/Docusate*

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A

- Other Notes:** None
- Non-Formulary:** Bisac/NaCl/NaHCO3/KCl/Peg 3350 (Gavilyte-H/Bisacodyl Kit)

### Chloride Channel Activators

*Linacotide (Linzess), Lubiprostone (Amitiza), Plecanatide (Trulance), Diphenoxylate HCl/Atropine (Lomotil),*

#### **Linacotide (Linzess)**

- Coverage Criteria:** Linzess is reserved for patients with treatment failure of properly titrated and regularly scheduled dosing of polyethylene glycol for 2 months (as evidenced by prescription history fills) AND two of the following: bisacodyl, Senna, psyllium, lactulose, magnesium citrate or hydroxide.
- Limits:** None
- Required Information for Approval:** Proper chart note documentation and pharmacy fill history of at least 2 months of regularly scheduled Miralax, and of two other formulary alternatives.
- Non-Formulary:** Plecanatide (Trulance)

#### **Lubiprostone (Amitiza)**

- Coverage Criteria:** Lubiprostone (Amitiza) is reserved for patients who have failed treatment with linaclotide (Linzess) or naloxegol (Movantik). Patient must have also failed regularly scheduled, dose optimized polyethylene glycol (Miralax), AND two of the following: bisacodyl, Senna, lactulose, psyllium, magnesium citrate or hydroxide.
- Limits:** Limited to 60 capsules per fill
- Required Information for Approval:** Proper chart note documentation and pharmacy fill history of at least 2 months of regularly scheduled Miralax AND Linzess or Movantik, in addition to two other formulary alternatives.

### Opioid antagonist, peripherally-acting

*Naloxegol (Movantik), Naldemedine (Symproic), Methylnaltrexone (Relistor)*

#### **Naloxegol (Movantik)**

- Coverage Criteria:** Movantik is reserved for patients with opioid-induced constipation with chronic non-cancer pain and treatment failure of dose-optimized, regularly scheduled polyethylene glycol for 2 months (as evidenced by prescription history fills) AND two of the following: bisacodyl, Senna, lactulose, magnesium citrate or hydroxide.
- Limits:** None
- Required Information for Approval:** Proper chart note documentation and pharmacy fill history of at least 2 months of regularly scheduled Miralax, and of two other formulary alternatives.

#### **Methylnaltrexone (Relistor)**

- Coverage Criteria:** Methylnaltrexone (Relistor) is reserved for patients with opioid-induced constipation with chronic non-cancer pain and treatment failure of naloxegol (Movantik) and lubiprostone (Amitiza). Patient must have also failed regularly scheduled, dose optimized polyethylene glycol (Miralax), AND two of the following: bisacodyl, Senna, lactulose, psyllium, magnesium citrate or hydroxide. For subcutaneous Relistor injection, patient must also have documented inability to swallow tablets/capsules.
- Limits:** None
- Required Information for Approval:** Proper chart note documentation and pharmacy fill history of at least 2 months of regularly scheduled Miralax, Movantik, and Amitiza, in addition to two other formulary alternatives. For subcutaneous Relistor, documentation of inability to swallow tablets/capsules.
- Non-Formulary:** Naldemedine (Symproic),

### Antidiarrheals

*Bismuth Subsalicylate (Pepto-Bismol, Bismatrol, Kao-Tin), Diphenoxylate HCl/Atropine (Lomotil), Loperamide HCl (Imodium A-D)*

#### **Bismuth Subsalicylate (Pepto-Bismol, Bismatrol, Kao-Tin), Diphenoxylate HCl/Atropine (Lomotil), Loperamide HCl (Imodium A-D)**

- Coverage Criteria:** None

- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** None

## ☒ REFERENCES

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11. European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGAHN) and North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGAHN). Evaluation and Treatment of Functional Constipation in Children. *JPGN*. 2014(2);58: 258-274.

## ☒ REVIEW & EDIT HISTORY

Document Changes	Reference	Date	P&T Chairman
Creation of Policy	Amitiza and Laxatives 5-08.doc	5/2008	Allen Shek, PharmD BCPS
Updated Policy	Formulary Realignment 9-18-12.xlsx	9/2012	Allen Shek, PharmD BCPS
Updated Policy	HPSJ Coverage Policy - Gastrointestinal - Constipation 2015-05.docx	9/2015	Jonathan Szkotak, PharmD BCACP
Updated Policy	HPSJ Coverage Policy - Gastrointestinal - Constipation 2016-12.docx	12/2016	Johnathan Yeh, PharmD
Updated Policy	HPSJ Coverage Policy - Gastrointestinal - Constipation 2018-09b.docx	09/2018	Johnathan Yeh, PharmD

*Note: All changes are approved by the HPSJ P&T Committee before incorporation into the utilization policy*