BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINE

IBSRELA® (tenapanor hydrochloride)
MOTEGRITY™ (prucalopride)
Prucalopride
RELISTOR® (methylnaltrexone bromide)
SYMPROIC® (naldemedine tosylate)
Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):`

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively "Service") is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider's judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member's benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The "Criteria" section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member's benefit plan.
- The "Description" section describes the Service.
- The "Definition" section defines certain words, terms or items within the policy and may include tables and charts.
- The "Resources" section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the request form and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Criteria:

Section A. Chronic Idiopathic Constipation (CIC):
MOTEGRITY (prucalopride)
Prucalopride

➢ **Criteria for initial therapy:** Motegrity (prucalopride) and prucalopride is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met:

IBSRELA® (tenapanor hydrochloride)
MOTEGRITY™ (prucalopride)
Prucalopride
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Generic Equivalent (if available)

1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with a Gastroenterologist

2. Individual is 18 years of age or older

3. Individual has a confirmed diagnosis of **chronic idiopathic constipation (CIC)**

4. The diagnosis of constipation is supported by **ALL** of the following Rome III/IV criteria:
    a. Less than 3 spontaneous bowel movements per week
    b. Bristol Stool Form Scale of 1 or 2 for at least 25% of bowel movements
    c. Straining during at least 25% of bowel movements
    d. Sensation of incomplete evacuation after bowel movements for at least 25% of bowel movements
    e. Sensation of anorectal obstruction/blockage for at least 25% of bowel movements

5. Individual has documented failure, contraindication per FDA label, intolerance, or is not a candidate for **ONE** agent from **EACH** of the following: (see Definitions section)
    a. Oral senna with a stool softener used on schedule (not on an as needed basis)
    b. Oral osmotic agent **OR** saline agent used **EITHER** routinely **OR** on an as needed basis
    c. Oral **OR** rectal stimulant used on an as needed basis

6. Individual has documented failure, contraindication per FDA label, intolerance, or is not a candidate for **BOTH** of the following:
    a. Lubiprostone
    b. Linzess (linaclotide)

7. Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for **generic prucalopride** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

8. There are **NO** FDA-label contraindications such as:
    a. Intestinal perforation or obstruction due to structural or functional disorder of the gut wall, obstructive ileus
    b. Severe inflammatory conditions of the intestinal tract such as Crohn's disease, ulcerative colitis
    c. Toxic megalocolon/megarectum

9. The constipation is not due to any secondary cause or suspected to be drug induced

10. Drugs that are known to cause constipation have been discontinued

11. Individual does not have end-stage renal disease requiring dialysis

Initial approval duration: 6 months

IBSRELA® (tenapanor hydrochloride)
MOTEGRITY™ (prucalopride)
Prucalopride
RELISTOR® (methylnaltrexone bromide)
SYMPROIC® (naldemedine tosylate)
Generic Equivalent (if available)

- **Criteria for continuation of coverage (renewal request):** Motegrity (prucalopride) and prucalopride is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met **(samples are not considered for continuation of therapy)**:

  1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Gastroenterologist

  2. Individual's condition has responded while on therapy with response defined as **BOTH** of the following:
     a. Achieved and maintains Type 3 or 4 Bristol Stool Form
     b. Achieved and maintains 3 or more spontaneous bowel movements per week without laxative use

  3. Individual has been adherent with the medication

  4. Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for **generic prucalopride** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

  5. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use as follows:
     a. Contraindications as listed in the criteria for initial therapy section
     b. Significant adverse effect such as:
        i. Persistent worsening of depression or the emergence of suicidal thoughts and behaviors, or any unusual changes in mood or behavior
        ii. Severe or persistent diarrhea
        iii. Severe, persistent, or worsening abdominal pain

  6. The constipation is not due to any secondary cause or suspected to be drug induced

  7. Drugs that are known to cause constipation have been discontinued

  8. Individual does not have end-stage renal disease requiring dialysis

  Renewal duration: 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

  1. **Off-Label Use of Non-Cancer Medications**

  2. **Off-Label Use of Cancer Medications**

Section B. Irritable Bowel Syndrome with Constipation (IBS-C): IBSRELA (tenapanor)

- **Criteria for initial therapy:** Ibsrela (tenapanor) and/or generic equivalent (if available) is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met:

1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with a Gastroenterologist

2. Individual is 18 years of age or older

3. Individual has a confirmed diagnosis of **irritable bowel syndrome with constipation (IBS-C**)

4. The diagnosis of constipation is supported by **ALL** of the following Rome III/IV criteria:
    a. Less than 3 complete spontaneous bowel movements (CSBM) that is associated with a sense of complete evacuation per week occurring in the absence of laxative use
    b. Have 5 or less spontaneous bowel movements per week in the absence of laxative use
    c. Has abdominal pain

5. Individual has documented failure, contraindication per FDA label, intolerance, or is not a candidate for **ONE** agent from **EACH** of the following: (see Definitions section)
    a. Oral senna with a stool softener used on schedule (not on an as needed basis)
    b. Oral osmotic agent **OR** saline agent used **EITHER** routinely **OR** on an as needed basis
    c. Oral **OR** rectal stimulant used on an as needed basis

6. Individual has documented failure, contraindication per FDA label, intolerance, or is not a candidate for **BOTH** of the following:
    a. Linzess (linaclotide)
    b. Lubiprostone

7. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

8. There are **NO** FDA-label contraindications such as:
    a. Patients less than 6 years of age due to the risk of serious dehydration
    b. Patients with known or suspected mechanical gastrointestinal obstruction

9. The constipation is not due to any secondary cause or suspected to be drug induced

10. Drugs that are known to cause constipation have been discontinued

Initial approval duration: 6 months

- **Criteria for continuation of coverage (renewal request):** Ibsrela (tenapanor) and/or generic equivalent (if available) is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met **(samples are not considered for continuation of therapy)**:

  1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Gastroenterologist

  2. Individual's condition has responded while on therapy with response defined as the following:
     a. There has been an increase in stool frequency of at least 1 complete spontaneous bowel movement (CSBM) in the weekly average compared to baseline
     b. There has been at least a 30% reduction in abdominal pain in the weekly average compared to baseline

  3. Individual has been adherent with the medication

  4. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

  5. Individual has not developed any contraindications or other significant that may exclude continued use as follows:
     a. Contraindications as listed in the criteria for initial therapy section
     b. Significant adverse effect such as:
        i. Severe diarrhea
        ii. Severe dehydration

  Renewal duration: 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

  1. **Off-Label Use of Non-Cancer Medications**

  2. **Off-Label Use of Cancer Medications**

Section C. Opioid-Induced Constipation (OIC): RELISTOR (methylnaltrexone)

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Generic Equivalent (if available)

SYMPROIC (naldemedine)

- **Criteria for initial therapy:** Relistor (methylnaltrexone bromide) or Symproic (naldemedine) and/or generic equivalents (if available) is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met:

1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with a Gastroenterologist, Oncologist, or Pain Management Specialist

2. Individual is 18 years of age or older

3. Individual has a confirmed diagnosis of **opioid-induced constipation (OIC)** of **ONE** of the following:
    a. For Relistor (methylnaltrexone) **oral & SQ** & Symproic (naldemedine) **oral:**
        i. Individual with chronic non-cancer pain who does not require frequent (e.g., weekly) opioid dosage escalation and is to continue with same opioid regimen (same drug, same dose, and same frequency) for pain control **and** there is medical record documentation of a trial and failure of **opioid dose reduction** of ≥ 15%

    b. Additional for Relistor (methylnaltrexone) **SQ** only:
        i. Individual is receiving palliative care for an advanced illness or pain caused by active cancer **AND** requires opioid dosage escalation

4. The diagnosis of **opioid-induced constipation (OIC)** is defined by **ALL** of the following:
    a. Less than 3 spontaneous bowel movements per week
    b. Bristol Stool Form Scale of 1 or 2 for at least 25% of bowel movements
    c. Straining during at least 25% of bowel movements
    d. Sensation of incomplete evacuation after bowel movements for at least 25% of bowel movements
    e. Sensation of anorectal obstruction/blockage for at least 25% of bowel movements

5. Individual has been taking opiate medication for at least 4 weeks

6. Individual has documented failure, contraindication per FDA label, intolerance, or is not a candidate for **ONE** agent from **EACH** of the following: (see Definitions section)
    a. Oral senna with a stool softener used on schedule (not on an as needed basis)
    b. Oral osmotic agent **OR** saline agent used **EITHER** routinely **OR** on an as needed basis
    c. Oral **OR** rectal stimulant used on an as needed basis

7. **ONE** of the following:
    a. **For Relistor (methylnaltrexone) tablet only:**
        i. Documented failure, contraindication per FDA label, intolerance, or is not a candidate for **BOTH** of the following:
            1. Lubiprostone

2. Movantik (naloxegol)

b. **For Relistor (methylnaltrexone) <u>subcutaneous</u> injection only, BOTH of the following:**
   i. Documented failure, contraindication per FDA label, intolerance, or is not a candidate for **BOTH** of the following:
      1. Lubiprostone
      2. Movantik (naloxegol)
   ii. Documented failure, contraindication per FDA label, intolerance, or is not a candidate for **<u>oral</u>** methylnaltrexone (Relistor or generic if available)

c. **For Symproic (naldemedine):**
   i. Documented failure, contraindication per FDA label, intolerance, or is not a candidate for **BOTH** of the following:
      1. Lubiprostone
      2. Movantik (naloxegol)

8. **<u>If available</u>:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

9. **For Symproic (naldemedine) only:** Will not be used in an individual with severe hepatic impairment (Child-Pugh Class C)

10. There are **NO** FDA-label contraindications such as:
    a. Patients with known or suspected mechanical gastrointestinal obstruction
    b. Patients at increased risk of recurrent obstruction

11. The constipation is not due to any secondary cause or suspected to be drug induced other than from use of opioids

12. Drugs that are known to cause constipation have been discontinued

13. There are no significant interacting drugs such as:
    a. **For Relistor (methylnaltrexone):**
       i. Concurrent use with another opioid antagonist (e.g., Movantik (naloxegol), Symproic (naldemedine))
    b. **For Symproic (naldemedine):**
       i. Strong CYP3A Inducers (e.g., rifampin, carbamazepine, phenytoin, St. John's Wort)
       ii. Concurrent use with another opioid antagonist (e.g., Movantik (naloxegol), Relistor (methylnaltrexone))

<u>Initial approval duration</u>:

- For OIC chronic non-cancer pain: 6 months

- For OIC palliative care for advanced illness: 4 months

➢ **Criteria for continuation of coverage (renewal request):** Relistor (methylnaltrexone bromide) or Symproic (naldemedine) and/or generic equivalents (if available) is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met **(samples are not considered for continuation of therapy)**:

1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Gastroenterologist, Oncologist, or Pain Management Specialist

2. Individual's condition has responded while on therapy with response defined as **BOTH** of the following:
   a. Achieved and maintains Type 3 or 4 Bristol Stool Form
   b. Achieved and maintains 3 or more spontaneous bowel movements (SBM) per week (SBM is defined as a bowel movement that occur without laxative use)

3. Individual has been adherent with the medication **and** continues to be **ONE** of the following:
   a. Chronic non-cancer pain who does not require frequent (e.g., weekly) opioid dosage escalation and is to continue with same opioid regimen (same drug, same dose, and same frequency) for pain control
   b. Receiving palliative care for an advanced illness or pain caused by active cancer **AND** requires stable opioid dosage

4. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

5. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use as follows:
   a. Contraindications as listed in the criteria for initial therapy section
   b. Significant adverse effect such as:
      i. Gastrointestinal perforation
      ii. Severe or persistent diarrhea
      iii. Severe, persistent, or worsening abdominal pain

6. **For Symproic (naldemedine) only:** Will not be used in an individual with severe hepatic impairment (Child-Pugh Class C)

7. There are no significant interacting drugs such as:
   a. **For Relistor (methylnaltrexone):**
      i. Concurrent use with another opioid antagonist (e.g., Movantik (naloxegol), Symproic (naldemedine))
   b. **For Symproic (naldemedine):**

i. Strong CYP3A Inducers (e.g., rifampin, carbamazepine, phenytoin, St. John's Wort)
ii. Concurrent use with another opioid antagonist (e.g., Movantik (naloxegol), Relistor (methylnaltrexone))

Renewal duration:

- For OIC chronic non-cancer pain: 6 months
- For OIC palliative care for advanced illness: 6 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of Non-Cancer Medications**

2. **Off-Label Use of Cancer Medications**

Description:

Ibsrela (tenapanor) is a sodium/hydrogen exchanger 3 (NHE3) inhibitor indicated for the treatment of irritable bowel syndrome with constipation (IBS-C).

Tenapanor is a locally acting inhibitor of NHE3, an antiporter expressed on the apical surface of the small intestine and colon primarily responsible for the absorption of dietary sodium. By inhibiting NHE3 on the apical surface of the enterocytes, tenapanor reduces absorption of sodium from the small intestine and colon, resulting in an increase in water secretion into the intestinal lumen, which accelerates intestinal transit time and results in a softer stool consistency.

Tenapanor has also been shown to reduce abdominal pain by decreasing visceral hypersensitivity and by decreasing intestinal permeability in animal models. In rat model of colonic hypersensitivity, tenapanor reduced visceral hyperalgesia and normalized colonic sensory neuronal excitability.

Prucalopride (e.g., brand Motegrity) is a serotonin type-4 (5-HT4) receptor agonist indicated for the treatment of chronic idiopathic constipation (CIC) in adults. Prucalopride is a gastrointestinal (GI) prokinetic agent that stimulates colonic peristalsis (high amplitude propagating contractions [HAPCs]), which increases bowel motility. In animal studies, prucalopride facilitates acetylcholine release to enhance the amplitude of contractions and stimulate peristalsis and stimulates gastrointestinal motility with contractions starting from the proximal colon to the anal sphincter.

Relistor (methylnaltrexone) oral tablet is indicated for the treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain. **Relistor (methylnaltrexone)** injection is indicated for the treatment of OIC in adults with chronic non-cancer pain and the treatment of OIC in adults with advanced illness who are receiving

palliative care and response to laxative therapy has not been sufficient. Methylnaltrexone is an antagonist of opioid binding at the mu-opioid receptor. It does not cross the blood brain barrier; it is a peripherally acting mu-opioid receptor antagonist in tissues, including the gastrointestinal tract, thereby decreasing the constipating effects of opioids without impacting with the centrally opioid-mediated effects of opioid analgesia.

Symproic (naldemedine) tablets are indicated for the treatment of OIC in adult patients with chronic non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (e.g., weekly) opioid dosage escalation. Naldemedine is a derivative of naltrexone; where a modification in the chemical structure of naltrexone side chain reduced its ability to cross the blood-brain barrier. As a result, the penetration of naldemedine into central nervous system is expected to be negligible at the recommended dose levels, limiting the potential for interference with centrally mediated opioid analgesia. Opioid receptors are widely distributed in the central and peripheral nervous system, intestines, and other tissues. There are three types of receptors involved in mediating the effects of opioids. These include delta, kappa, and mu receptors. They belong to the family of G-protein coupled receptors that regulate adenylate cyclase. Stimulation of the receptor results in inhibition of adenyate cyclase with a reduction of neuron excitability and neurotransmitter release. The end result is inhibition of the affected neuron.

Constipation is a syndrome that may be defined by symptoms of difficult or infrequent passage of stool, hardness of stool, or a feeling of incomplete evacuation that may occur either alone or due to another medical disorder. The definition of constipation will differ from individual to individual, culture to culture, and even region to region. Patients may define constipation as straining during defecation or change in stool consistency or frequency.

Functional constipation may be defined by the Rome IV criteria as the presence of at least two of the following: straining during at least 25% of bowel movements; passage of lumpy or hard stools at least 25% of bowel movements; sensation of incomplete evacuation at least 25% of bowel movements; anorectal obstruction or blockage at least 25% of bowel movements; the need to use manual maneuvers to facilitate defecation at least 25% of bowel movements; and passing fewer than three stools per week. The criteria also include that loose stools may only rarely be present without the use of laxatives, and that there are insufficient criteria for a diagnosis of irritable bowel syndrome (IBS).

Chronic constipation can result in hemorrhoid formation, rectal pain and burning, bowel obstruction, bowel rupture, as well as upper gut dysfunctions, including gastroesophageal reflux disease, nausea, and abdominal distention.

OIC is a result of use of opioid medications with ensuing loss of gastrointestinal tone, contractility, and mobility. OIC is defined as: new or worsening symptoms of constipation when initiating, changing, or increasing opioid therapy and must include two or more of the symptoms defining functional constipation (see above) with the same frequency cutoff (25%). The cause of OIC is multifactorial and includes inhibition of gastric emptying; reduction of mucosal secretions; reduced bowel tone and contractility; decreased peristalsis with delayed transit; and increased fluid and electrolyte absorption from increased contact time. Tolerance to opioid induced gastrointestinal adverse effects does not occur.

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Generic Equivalent (if available)

Opioid medications are increasingly used not only for the management of acute pain but also for the long-term management of cancer related and non-cancer related chronic pain syndromes. With increased use of opioids for pain there is also an increase in adverse effects from their use which includes OIC and opioid bowel dysfunction.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
MedWatch Forms for FDA Safety Reporting | FDA

The Bristol Stool Form Scale (BSFS) – seven types:

- Type 1: separate hard lumps, like nuts (hard to pass), also known as *goat feces*
- Type 2: sausage-shaped, but lumpy
- Type 3: like a sausage but with cracks on its surface
- Type 4: like a sausage or snake, smooth and soft
- Type 5: soft blobs with clear-cut edges (passed easily)
- Type 6: fluffy pieces with ragged edges, a mushy stool
- Type 7: watery, no solid pieces, entirely liquid

Types 1 and 2 indicate constipation, with types 3 and 4 indicating the ideal stools (especially the latter), as they are easy to defecate while not containing excess liquid, and types 5, 6 and 7 specify diarrheal stools

Rome III/IV Diagnostic criteria for functional gastrointestinal disorders:

Functional Constipation - adult

ALL of the following diagnostic criteria - Criteria must be fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis:

- Must include ***two or more*** of the following:
  - Straining during at least 25% of bowel movements
  - Lumpy or hard stools in at least 25% of bowel movements
  - Sensation of incomplete evacuation for at least 25% of bowel movements
  - Sensation of anorectal obstruction/blockage for at least 25% of bowel movements
  - Manual maneuvers to facilitate at least 25% of bowel movements (e.g., digital evacuation, support of the pelvic floor)
  - Fewer than three bowel movements per week
  - Loose stools are rarely present without the use of laxatives
  - Insufficient criteria for irritable bowel syndrome

Laxatives:

Bulk forming – calcium polycarbophil, cellulose, fiber, malt soup, methylcellulose, psyllium
Osmotic – glycerin, lactulose, polyethylene glycol, sodium phosphate, sorbitol, magnesium salts
Lubricating – mineral oil
Softener – dioctyl calcium sulfosuccinate, dioctyl sodium sulfosuccinate

Stimulant/Irritant – bisacodyl, cascara, senna
Other – castor oil, ceo-two

Partial mu-opioid receptor antagonist (PAMORA):
Relistor (methylnaltrexone) – quaternary derivative of naltrexone
Symproic (naldemedine)
Movantik (naloxegol) – naloxone conjugated with a polyethylene glycol polymer

Type 2 chloride channel activator – Secretagogue:
Lubiprostone (brand Amitiza)

Guanylate cyclase-C receptor agonist – Secretagogue:
Linzess (linaclotide)
Trulance (plecanatide)

5HT4 receptor agonist – Prokinetic agent:
Prucalopride (brand Motegrity)

Sodium/Hydrogen Exchanger 3 (NHE3) inhibitor:
Ibsrela (tenapanor)

FDA-approved indications for some GI drugs:

Drug	Functional bowel	CIC	OIC	IBS-C	IBS	IBS-D
Bentyl (dicyclomine)	✓					
Lotronex (alosetron)						✓
Viberzi (eluxadoline)						✓
Xifaxan (rifaximin)					✓	
Lubiprostone (brand Amitiza)		✓	✓	✓		
Ibsrela (tenapanor)				✓		
Linzess (linaclotide)	✓	✓		✓		
Prucalopride (brand Motegrity)		✓				
Movantik (naloxegol)			✓			
Relistor (methylnaltrexone)			✓			
Symproic (naldemedine)			✓			
Trulance (plecanatide)		✓		✓		

Zelnorm (tegaserod)				✓		

CIC = chronic idiopathic constipation
OIC = opioid induced constipation
IBS-C = irritable bowel syndrome with constipation
IBS = irritable bowel syndrome without constipation
IBD-D = irritable bowel syndrome with diarrhea

Resources:

Ibsrela (tenapanor) product information, revised by Ardelyx, Inc. 04-2022. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed February 18, 2025.

Motegrity (prucalopride) product information, revised by Takeda Pharmaceuticals America, Inc. 11-2020. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed February 18, 2025.

Prucalopride product information, revised by, ANI Pharmaceuticals, Inc. 09-2024. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed February 18, 2025.

Relistor (methylnaltrexone) tab & SQ injection product information, revised by Salix Pharmaceuticals, Inc. 05-2024. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed February 18, 2025.

Symproic (naldemedine) product information, revised by BioDelivery Sciences International, Inc. 07-2021. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed February 18, 2025.

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Chang L, Chey WD, Imdad A, et al: American Gastroenterology Association-American College of Gastroenterology Clinical Practice Guideline: Pharmacological Management of Chronic Idiopathic Constipation. Gastroenterology 2023 June;164 (7):1086–1106. Accessed March 08, 2024. Re-evaluated February 20, 2025.