



Louisiana

Trulance™ (plecanatide)

Policy # 00557

Original Effective Date: 04/19/2017

Current Effective Date: 04/18/2018

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider Trulance™[‡] (plecanatide) to be **eligible for coverage** when the patient selection criteria are met.

Patient Selection Criteria

Coverage eligibility for Trulance (plecanatide) will be considered when ALL of the following criteria are met:

- Patient has a diagnosis of ONE of the following:
 - Chronic idiopathic constipation (CIC); OR
 - Irritable Bowel Syndrome with Constipation (IBS-C); AND
- Patient is 18 years of age or older; AND
- Patient has tried and failed standard therapy for the condition, including use of both fiber and laxative products, unless there is clinical evidence or patient history that suggests the use of fiber and laxative products will be ineffective or cause an adverse reaction to the patient; AND
*(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met)*
- Patient has tried and failed both Amitiza®[‡] (lubiprostone) and Linzess®[‡] (linaclotide) unless there is clinical evidence or patient history that suggests the use of both Amitiza (lubiprostone) and Linzess (linaclotide) will be ineffective or cause an adverse reaction to the patient;
*(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met)*

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of Trulance (plecanatide) when the patient has NOT tried and failed fiber and laxative products as well as Amitiza (lubiprostone) and Linzess (linaclotide) to be **not medically necessary.****

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of Trulance (plecanatide) when the patient selection criteria are not met (EXCEPT those denoted as **not medically necessary****) to be **investigational.***

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Background/Overview

Trulance is a guanylate cyclase-C agonist indicated in adults for the treatment of chronic idiopathic constipation and IBS-C. The recommended adult dosage of Trulance for both indications is 3 mg taken orally once daily. Trulance is available in 3 mg tablets.

Chronic Idiopathic Constipation (CIC)

It is estimated that CIC has a prevalence ranging from 12% to 19% in the United States. CIC is more common in women and the elderly. The American Gastrological Association (AGA) and the American College of Gastroenterology (ACG) both recommend fiber as a first line therapy for chronic constipation. The next step would be a stimulant or osmotic laxative. If the CIC is not controlled with those two options, then newer drugs such as Amitiza or Linzess can be used. Guidelines have not been updated to include Trulance. It should be noted that clinical trials with Trulance were placebo controlled and therefore no superiority claims can be made with Trulance as compared to other CIC agents, such as Amitiza or Linzess.

Irritable Bowel Syndrome with Constipation (IBS-C)

Irritable Bowel Syndrome (IBS) is defined as recurrent abdominal pain or discomfort at least three days per month in the last three months with two or more of the following: improvement with defecation, onset associated with a change in frequency of stool, onset associated with a change in form (appearance) of stool. The prevalence of IBS in North America is approximately 10-15% and is slightly more prevalent in women than in men. IBS can be divided into four categories depending on patient symptoms. IBS-C is IBS in which the patient reports that abnormal bowel movements are usually constipation. Similarly, IBS with diarrhea (IBS-D) requires that abnormal bowel movements are usually diarrhea. Some patients present which IBS-mixed, in which abnormal bowel movements are both constipation and diarrhea (i.e. more than one-fourth of all the abnormal bowel movements were constipation and more than one-fourth were diarrhea). If patients meet diagnostic criteria for IBS but cannot be accurately categorized into one of the other three subtypes, they are considered to have IBS unclassified.

The ACG guidelines recommend that IBS-C be first treated with soluble fiber. If this fails to improve symptoms, patients should then be treated with an osmotic laxative such as polyethylene glycol (PEG). If the IBS-C is not controlled with those two options, the newer drugs such as Amitiza or Linzess can be used. Guidelines have not been updated to include Trulance. It should be noted that clinical trials with Trulance were placebo controlled and therefore no superiority claims can be made with Trulance as compared to other IBS-C agents, such as Amitiza or Linzess.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Trulance is a guanylate cyclase-C agonist indicated in adults for the treatment of chronic idiopathic constipation. In January 2018, Trulance received the additional indication for the treatment of adults with IBS-C.

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Rationale/Source

The efficacy of Trulance in chronic idiopathic constipation was evaluated in two, 12 week, double-blind, placebo-controlled, randomized, multi-center clinical studies in adult patients. Subjects were randomized 1:1 to either receive placebo or Trulance 3 mg daily. The efficacy of Trulance was assessed using a responder analysis and change-from-baseline complete spontaneous bowel movements and spontaneous bowel movements. This was assessed using information provided by patients on a daily basis in an electronic diary. A responder is defined as a patient who had at least 3 complete spontaneous bowel movements in a given week and an increase of at least 1 complete spontaneous bowel movement from baseline in the same week for at least 9 weeks out of the 12 week treatment period and at least 3 of the last 4 weeks of the study. In the first study, the Trulance group had a 21% responder rate vs. a 10% responder rate in the placebo group (a difference of 11%). In study 2, the Trulance group had a 21% responder rate vs. a 13% responder rate in the placebo group (a difference of 8%).

The efficacy of Trulance for the management of symptoms of IBS-C was established in two 12-week, double-blind, placebo-controlled, randomized, multicenter clinical studies in adult patients. In both studies, patients were randomized 1:1 to receive Trulance 3 mg once daily or placebo. Patients were required to meet the Rome III criteria for IBS for at least 3 months prior to the screening visit, with symptom onset for at least 6 months prior to diagnosis. Efficacy was assessed using a responder analysis of patient-kept daily electronic diaries based on abdominal pain intensity and a stool frequency responder endpoint. A responder was defined as a patient who met both the abdominal pain intensity and stool frequency responder criteria in the same week for at least 6 of the 12 treatment weeks. In the first study, 30% of patients were responders compared to 18% of placebo patients (a difference of 12%). In the second study, 21% of patients were responders compared to 14% of placebo patients (a difference of 7%).

The patient selection criteria presented in this policy takes into consideration the FDA approved indication of this drug as well as other therapeutic alternatives that currently exist for these conditions. There have been no direct, head to head comparisons of Trulance to other drugs in this treatment category (e.g. Amitiza, Linzess) that would indicate Trulance is more efficacious than any of the existing treatment modalities.

References

1. Trulance [package insert]. Synergy Pharmaceuticals, Inc. New York, New York. Updated February 2018.
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5. Bharucha AE, Dorn SD, Lembo A, et al. American Gastroenterological Association medical position statement on constipation. *Gastroenterology*. 2013;144:211-217. Available at: [http://www.gastrojournal.org/article/S0016-5085\(12\)01545-4/pdf](http://www.gastrojournal.org/article/S0016-5085(12)01545-4/pdf). Accessed on February 7, 2017.
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7. UpToDate. Treatment of Irritable Bowel Syndrome in Adults. Accessed March 2018.
8. UpToDate. Clinical Manifestations and diagnosis of irritable bowel syndrome in adults. Accessed March 2018.

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Policy History

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04/06/2017 Medical Policy Committee review

04/19/2017 Medical Policy Implementation Committee approval. New policy.

04/05/2018 Medical Policy Committee review

04/18/2018 Medical Policy Implementation Committee approval. Added IBS-C indication with relevant background information and rationale

Next Scheduled Review Date: 04/2019

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. FDA and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 - 1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
 - 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
 - 3. Reference to federal regulations.

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

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