

# Streamline Non-Formulary Request: Prucalopride 1mg and 2mg tablets

*This Streamline approval is valid for a maximum of 4 weeks on initial request and subsequent requests require a new form and expire after 12 months.*

**Prucalopride 1mg and 2mg tablets** are not listed on the South Australian Medicines Formulary however is available on request for chronic constipation under the care of a Gastroenterologist or Colorectal surgeon, where first line diet and lifestyle modifications **and** second line laxatives have failed.

The following information is required to be provided by the prescriber prior to dispensing.

**A. Patient details:**

Name:		
UR #:	Date of birth:	Gender:
Patient location (site/hospital):		

**B. Patient eligibility for prucalopride 1mg and 2mg tablets:**

Gastroenterologist <b>OR</b> Colorectal surgeon
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**C. Initial Patient eligibility for prucalopride 1mg and 2mg tablets:**

<ol style="list-style-type: none"><li>1. Patient is aged 18 years and over <b>AND</b></li><li>2. Patient is having 2 or less bowel motions per week <b>AND</b></li><li>3. Patient has tried at least two different types of laxatives from different classes (at the highest tolerated recommended doses) for at least six months but have not had adequate relief from constipation. <b>AND</b></li><li>4. Patient has failed dietary measures <b>AND</b></li><li>5. The patient is not on regular treatment with opioid medications</li></ol> <p>If treatment with prucalopride is not effective within four weeks, the benefit of continuing treatment should be reconsidered.</p>
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**D. Continuing Patient eligibility for prucalopride 1mg and 2mg tablets:**

*(Ignore section D for initiating patients)*

Patient meets *Initial Patient eligibility criteria* above

**AND**

Patient has received benefit from prucalopride in the past 4 weeks of 3 or more bowel motions per week

**E. Outcome assessment:**

**Initiating patients – this form will have a 4-week expiry:**

Documentation of baseline details:

- Stool frequency

At baseline:

- Current laxative use

At baseline:

**Continuing patients – this form will have a 12- month expiry**

Follow up in 4-weeks from first use with documentation of efficacy in medical notes:

- Dose:
- Change in stool frequency

At baseline:

At 4-weeks:

- Change in laxative use

At baseline:

At 4 weeks:

- Were any side effects experienced?  
If yes, provide details:

**F. Prescriber details:**

I certify that the above information is correct	
Date:	
Prescriber Name:	
Position:	
Clinical unit, hospital:	
Telephone No:	Pager No:

**Forward this form to your clinical pharmacist or Pharmacy Department.**

**PHARMACY USE INFORMATION**

Entered in iPharmacy	Yes	No	Signature:
Entered in database	Yes	No	Date:
Expiry			