

SA Health

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 an Individual Patient Use (IPU) application.

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 diet and lifestyle modifications **and** 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 OR Colorectal surgeon

C. Initial Patient eligibility for prucalopride 1mg and 2mg tablets:

<p>Patient is aged 18 years and over</p> <p>AND</p> <p>Patient is having 2 or less bowel motions per week with symptoms (e.g. bloating, pain etc.)</p> <p>AND</p> <p>Patient has failed dietary measures</p> <p>AND</p> <p>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.</p> <p>AND</p> <p>The patient is not on regular treatment with opioid medications</p> <p>AND</p> <p>Baseline details are completed in section E.</p> <p>If treatment with prucalopride is not effective within four weeks, the benefit of continuing treatment should be reconsidered.</p>



Patient Initials:

URN #:

D. Continuing Patient eligibility for prucalopride 1mg and 2mg tablets:

If prucalopride is to be continued beyond 4 weeks, please complete an [Individual Patient Use \(IPU\) Medicine Request](#). Please include:

- Change in stool frequency from baseline
- Symptom improvements
- Change in laxative use from baseline
- If any adverse effects from prucalopride use

E. Outcome assessment:

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

Documentation of **baseline** details:

- Stool frequency: ___ bowel motions per week
- Gastrointestinal symptoms: (tick those that apply)
 - pain
 - bloating
 - nausea
 - rectal tenesmus
 - other:
- Current laxative use: (please complete table below)

Drug Name	Dose

Continuing patients – If prucalopride is to be continued beyond 4 weeks, please complete an [Individual Patient Use \(IPU\) Medicine Request](#)



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			

