

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Linaclootide (Linzess)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria and criteria for *current* Kaiser Permanente members already taking the medication: Non-formulary **linaclootide (Linzess)** will be covered on the prescription drug benefit when the following criteria are met:

1. Patient has a diagnosis of irritable bowel syndrome with constipation (IBS-C)

- Patient is at least 18 years old
- Patient is intolerant to, has a contraindication to, or had an inadequate response to at least 4 weeks of scheduled doses of the following medications:
 - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
 - Polyethylene glycol (MiraLAX/ClearLax)
 - Lubiprostone (Amitiza) (criteria based)
 - Plecanatide (Trulance) (criteria based)

- OR -

2. Patient has a diagnosis of chronic idiopathic constipation (CIC)

- Patient is at least 18 years old
- Patient is intolerant to, has a contraindication to, or had an inadequate response to at least 4 weeks of scheduled doses of the following medications:
 - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
 - An osmotic laxative: polyethylene glycol (MiraLAX) or lactulose
 - A stimulant laxative: senna or bisacodyl
 - Lubiprostone (Amitiza) (criteria based)
 - Plecanatide (Trulance) (criteria based)

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Linaclootide (Linzess)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **linaclootide (Linzess)** will be covered on the prescription drug benefit when the following criteria are met:

1. Patient has a diagnosis of irritable bowel syndrome with constipation (IBS-C)

- Patient is at least 18 years old
- Patient is intolerant to, has a contraindication to, or had an inadequate response to scheduled doses of the following medications:
 - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
 - An osmotic laxative: Polyethylene glycol (MiraLAX/ClearLax) or lactulose
 - Lubiprostone (Amitiza) (criteria based)
 - Plecanatide (Trulance) (criteria based)

- OR -

2. Patient has a diagnosis of chronic idiopathic constipation (CIC)

- Patient is at least 18 years old
- Patient is intolerant to, has a contraindication to, or had an inadequate response to scheduled doses of the following medications:
 - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
 - An osmotic laxative: polyethylene glycol (MiraLAX) or lactulose
 - A stimulant laxative: senna or bisacodyl
 - Lubiprostone (Amitiza) (criteria based)
 - Plecanatide (Trulance) (criteria based)