CRITERIA FOR DRUG COVERAGE

linaclotide (Linzess®)

For patients not currently taking linaclotide (Linzess®), non-formulary linaclotide (Linzess®) will be covered on the prescription drug benefit when the following criteria are met:

1. Diagnosis of irritable bowel syndrome with constipation (IBS-constipation predominant)
   - AND -
   • Patient has had an inadequate response to an adequate trial of at least 4 weeks or intolerance to scheduled doses of the following medications:
     o Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citracel)
     o Polyethylene glycol (MiraLAX)
   - OR -

2. Diagnosis of chronic idiopathic constipation
   - AND -
   • Patient has had an inadequate response to an adequate trial of at least 4 weeks or intolerance to scheduled doses of the following medications:
     o Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citracel)
     o An osmotic laxative: polyethylene glycol (MiraLAX) or lactulose
     o A stimulant laxative: senna or bisacodyl

For patients currently taking linaclotide (Linzess®), non-formulary linaclotide (Linzess®) will be covered on the prescription drug benefit when the following criteria are met:

1. Diagnosis of irritable bowel syndrome with constipation (IBS-constipation predominant)
   - AND -
Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

linaclotide (Linzess®)

- Patient has had an inadequate response to or intolerance to scheduled doses of the following medications:
  - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
  - Polyethylene glycol (MiraLAX)

- OR -

2. Diagnosis of chronic idiopathic constipation

- AND -

- Patient has had an inadequate response to or intolerance 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