



Drug Name: Linzess® (linaclotide)

Last Revision Date: 12-2014

Date: 09-2017

Drug Name:	Linzess® (linaclotide)
Prescriber Restrictions:	
Age Restrictions:	
Exclusion Criteria:	
Required Medical Information:	<ul style="list-style-type: none"> • Patient is being treated for chronic idiopathic constipation (CIC) or irritable bowel syndrome with constipation (IBS-C); AND • Patient has failed a recent trial of an appropriate dose and for an appropriate duration of therapy with polyethylene glycol (Miralax®) due to inadequate response or intolerance; AND • Patient has failed a recent trial of an appropriate dose and for an appropriate duration of therapy with at least one other generic laxative such as lactulose, senna, or bisacodyl due to inadequate response or intolerance. <ul style="list-style-type: none"> ○ Note: Treatment with docusate is <u>NOT</u> considered to be an acceptable alternative.
Coverage Duration:	3 years