

Federal Employee Program® Federal Employee Program® 750 9th St NW Washington, D.C. 20001 202.942.1000 Fax 202.942.1125

5.50.023

Section: Prescription Drugs Effective Date: July 1, 2024

Subsection: Gastrointestinal Agents Original Policy Date: December 8, 2017

Subject: Linzess Page: 1 of 6

Last Review Date: June 13, 2024

Linzess

Description

Linzess (linaclotide)

Background

Linzess (linaclotide) is a guanylate cyclase-C (GC-C) agonist indicated in adults with irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC), and also in patients 6 to 17 years of age with functional constipation (FC). Activation of GC-C results in an increase in both intracellular and extracellular concentrations of cyclic guanosine monophosphate (cGMP). Elevation of intracellular cGMP stimulates secretion of chloride and bicarbonate into the intestinal lumen, mainly through activation of the cystic fibrosis transmembrane conductance regulator (CFTR) ion channel, resulting in increased intestinal fluid and accelerated transit. In animal models, Linzess has been shown to both accelerate GI transit and reduce intestinal pain (1).

Regulatory Status

FDA-approved indications: Linzess is a guanylate cyclase-C agonist indicated for treatment of: (1)

- 1. Irritable bowel syndrome with constipation (IBS-C) in adults.
- 2. Chronic idiopathic constipation (CIC) in adults.
- 3. Functional constipation (FC) in pediatric patients 6 to 17 years of age.

Linzess has a boxed warning regarding the risk of serious dehydration in pediatric patients. Linzess is contraindicated in pediatric patients less than 2 years of age (1).

Section: Prescription Drugs Effective Date: July 1, 2024

Subsection: Gastrointestinal Agents Original Policy Date: December 8, 2017

Subject: Linzess Page: 2 of 6

Linzess is also contraindicated in patients with known or suspected mechanical gastrointestinal obstruction (1).

Linzess has a warning for severe diarrhea. If severe diarrhea occurs, suspend dosing, and rehydrate patient (1).

The safety and effectiveness in pediatric patients less than 18 years of age with IBC-C and CIC have not been established. The safety and effectiveness in pediatric patients less than 6 years of age with FC have not been established (1).

Related policies

Amitiza, Ibsrela, Motegrity, Opioid Antagonist Drug Class, Trulance

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Linzess may be considered **medically necessary** if the conditions indicated below are met.

Linzess may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

- 1. Chronic idiopathic constipation (CIC)
 - a. 18 years of age or older
- 2. Irritable bowel syndrome with constipation (IBS-C)
 - a. 18 years of age or older
- 3. Functional constipation (FC)
 - a. 6 to 17 years of age

AND ALL of the following for **ALL** indications:

- a. Absence of gastrointestinal obstruction
- b. **NO** dual therapy with other legend constipation medications (see Appendix 1)

Section: Prescription Drugs Effective Date: July 1, 2024

Subsection: Gastrointestinal Agents Original Policy Date: December 8, 2017

Subject: Linzess Page: 3 of 6

Prior - Approval Renewal Requirements

Diagnoses

Patient must have **ONE** of the following:

- 1. Chronic idiopathic constipation (CIC)
 - a. 18 years of age or older
- 2. Irritable bowel syndrome with constipation (IBS-C)
 - a. 18 years of age or older
- 3. Functional constipation (FC)
 - a. 6 to 17 years of age

AND ALL of the following for **ALL** indications:

- a. Improvement in constipation symptoms
- b. Absence of gastrointestinal obstruction
- c. **NO** dual therapy with other legend constipation medications (see Appendix 1)

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity

Medication	Quantity Limit
72 mcg	
145 mcg	90 capsules per 90 days
290 mcg	

Duration 12 months

Prior - Approval Renewal Limits

Same as above

Rationale

Section: Prescription Drugs Effective Date: July 1, 2024

Subsection: Gastrointestinal Agents Original Policy Date: December 8, 2017

Subject: Linzess Page: 4 of 6

Summary

Linzess (linaclotide) is a guanylate cyclase-C (GC-C) agonist indicated in adults with irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC), and also in patients 6 to 17 years of age with functional constipation (FC). Linzess has a boxed warning regarding the risk of serious dehydration in pediatric patients. Linzess is contraindicated in pediatric patients less than 2 years of age. Linzess has a warning for severe diarrhea. If severe diarrhea occurs, suspend dosing, and rehydrate patient (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Linzess while maintaining optimal therapeutic outcomes.

References

1. Linzess [package insert]. North Chicago, IL: AbbVie, Inc.; June 2023.

Policy History	
Date	Action
December 2017	Addition to PA
March 2018	Annual editorial review
	Change in duration from 3 months to 12 months and an update to the no
Manah 0040	dual therapy statement with the addition of Appendix 1
March 2019	Annual review
June 2019	Annual review and reference update
December 2019	Annual review
March 2020	Annual review. Added "absence of gastrointestinal obstruction" to renewal
	requirements
June 2020	Annual review
June 2021	Annual editorial review and reference update. Removed Ibsrela from
_	Related Policies and Appendix 1 due to being discontinued
October 2021	Removed "OR" from the quantity limit chart to allow dose changes without
	the need for separate PAs
December 2021	Annual editorial review and reference update
June 2022	Annual review
July 2022	Addition of Ibsrela to Appendix 1
September 2022	Annual review
June 2023	Annual review
July 2023	Per PI update, added indication of functional constipation (FC) in patients
	6 to 17 years of age
September 2023	Annual review

Section: Prescription Drugs Effective Date: July 1, 2024

Subsection: Gastrointestinal Agents Original Policy Date: December 8, 2017

Subject: Linzess Page: 5 of 6

June 2024 Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 13, 2024 and is effective on July 1, 2024.

Section: Prescription Drugs Effective Date: July 1, 2024

Subsection: Gastrointestinal Agents Original Policy Date: December 8, 2017

Subject: Linzess Page: 6 of 6

Appendix 1 - List of Legend Constipation Medications

Generic Name	Brand Name
linaclotide	Linzess
lubiprostone	Amitiza
methylnaltrexone	Relistor
naldemedine	Symproic
naloxegol	Movantik
plecanatide	Trulance
prucalopride	Motegrity
tenapanor	Ibsrela