envolve Pharmacy Solutions

Clinical Policy: Linaclotide (Linzess)

Reference Number: ERX.NPA.39
Effective Date: 12.01.15
Last Review Date: 11.18 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Linaclotide (Linzess®) is a guanylate cyclase-C agonist.

FDA Approved Indication(s)
Linzess is indicated in adults for the treatment of:
- Irritable bowel syndrome with constipation (IBS-C)
- Chronic idiopathic constipation (CIC)

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Linzess is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Irritable Bowel Syndrome with Constipation (must meet all)**:**
1. Diagnosis of IBS-C;
2. Age ≥ 18 years;
3. Failure of one bulk forming laxative (e.g., psyllium [Metamucil®], polycarbophil [FiberCon®], methylcellulose [Citrucel®]), unless contraindicated or clinically significant adverse effects are experienced;
4. Dose does not exceed 290 mcg per day (1 capsule per day).

Approval duration: 12 months

B. Chronic Idiopathic Constipation (must meet all)**:**
1. Diagnosis of CIC;
2. Age ≥ 18 years;
3. Failure of one bulk forming laxative (e.g., psyllium [Metamucil], methylcellulose [Citrucel], calcium polycarbophil [FiberCon]), unless contraindicated or clinically significant adverse effects are experienced;
4. Failure of one stimulant laxative (e.g., bisacodyl, senna), unless contraindicated or clinically significant adverse effects are experienced;
5. Failure of polyethylene glycol (MiraLax®) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
6. Dose does not exceed 145 mcg per day (1 capsule per day).

Approval duration: 12 months

C. Other diagnoses/indications
1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. All Indications in Section I (must meet all)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed:

a. IBS-C: 290 mcg per day (1 capsule per day);
b. CIC: 145 mcg per day (1 capsule per day).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
CIC: chronic idiopathic constipation
FDA: Food and Drug Administration
IBS-C: irritable bowel syndrome with constipation

Appendix B: Therapeutic Alternatives

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
psyllium (Metamucil®)	1 rounded teaspoonful, tablespoonful, or premeasured packet in 240 mL of fluid PO, 1 to 3 times per day (2.4 g of soluble dietary fiber per dose)	7.2 g (as soluble dietary fiber)/day
calcium polycarbophil (FiberCon®)	1,000 mg 1 to 4 times per day or as needed	6,000 mg/day
methylcellulose (Citrucel®)	Caplet: 2 caplets (total 1 g methylcellulose) PO with at least 240 mL (8 oz) of liquid, up to 6 times per day as needed Powder: 1 heaping tablespoonful (2 g methylcellulose per 19 g powder) in at least 240 mL (8 oz) of water PO, given 1 to 3 times per day as needed	Caplet: 12 caplets/day Powder: 6 g/day
sennosides (Senokot®)	1 to 2 tablets (8.6 to 17.2 mg sennosides) PO BID	68.8 mg sennosides/day
bisacodyl (Dulcolax®)	5 to 15 mg/day (1 to 3 tablets) PO given as a single dose, or 1 suppository or retention enema (10 mg) PR QD Either a suppository or oral tablet(s) may be used up to 3 times per week	15 mg/day PO or 10 mg/day PR
polyethylene glycol 3350 (MiraLax®)	17 g (approximately 1 heaping tablespoon) of powder in 120 to 240 mL of fluid PO QD	34 g/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): patients with known or suspected mechanical gastrointestinal obstruction; patients less than 6 years of age due to the risk of serious dehydration
- Boxed warning(s): risk of serious dehydration in pediatric patients

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
IBS-C	290 mcg PO QD	290 mcg/day
CIC	72 mcg or 145 mcg PO QD	145 mcg/day

VI. Product Availability

Capsules: 72 mcg, 145 mcg, 290 mcg

VII. References

1. Linzess Prescribing Information. Irvine, CA: Allergan USA, Inc.; January 2017. Available at: https://www.linzess.com/. Accessed July 30, 2018.
2. Ford AC, Moayyedi P, Lacy BE, et al. American College of Gastroenterology monograph on the management of irritable bowel syndrome and chronic idiopathic constipation. Am J Gastroenterol 2014; 109: S2-S26.
3. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. Available at: http://www.clinicalpharmacology-ip.com/.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created.	09.15	12.15
Updated to new template. Added background and references.	07.16	09.16
- Converted to new template. - IBS-C: removed requirement related to failure of polyethylene glycol (PEG) per recommendations from American College of Gastroenterology that there is no evidence that PEG formulations alleviate pain or provide overall symptom relief in IBS. - CIC: changed trial timeframe from within 60 days to within 90 days.	06.17	08.17
1Q18 annual review: Removed duration and timeframe of trial related to laxative use since they are available OTC and may not be verifiable via claims history. Modified initial approval duration from 6 to 12 months.	11.07.17	02.18
4Q 2018 annual review: no significant changes; references reviewed and updated.	07.30.18	11.18

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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