AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Linzess			Page: 1 of 2
Effective Date: 8/4/2025			Last Review Date: 5/2025
Applies to:	☐Illinois	☐Florida	☐Michigan
	☒New Jersey	☒Maryland	☒Florida Kids
	☒Pennsylvania Kids	☐Virginia	☐Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Linzess under the patient's prescription drug benefit.

Description:

Linzess is indicated in adults for the treatment of:

- Irritable bowel syndrome with constipation (IBS-C)
- Chronic idiopathic constipation (CIC)
- functional constipation (FC) in pediatric patients 6 to 17 years of age

Applicable Drug List:

Linzess

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of irritable bowel syndrome with constipation (IBS-C) in an adult
    - For a biological female or a person that self-identifies as a female who is 18 years of age or older, a trial and inadequate treatment response, intolerance, or a contraindication to lubiprostone is required.

AND

- The patient had treatment failure with one of the following classes: a bulk forming laxative (psyllium or fiber) or an osmotic laxative (for example, PEG)

OR

- The requested drug is being prescribed for the treatment of chronic idiopathic constipation (CIC) in an adult

  AND
- The patient had treatment failure with one of the following classes: a bulk forming laxative (psyllium or fiber), an osmotic laxative (for example, PEG) or a stimulant laxative (bisacodyl, sodium picosulfate [SPS] or senna)

  AND

- The patient has had a trial and inadequate treatment response, intolerance, or a contraindication to prucalopride

OR

- The requested drug is being prescribed for the treatment of functional constipation (FC) in a pediatric patient 6 to 17 years of age

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: 30 tablets per 30 days

References:

1. Movantik [package insert]. Chicago, IL: Valinor Pharma, LLC; March 2023.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed September 9, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 09/09/2024).