Criteria:
Linzess (linaclotide) is preferred and approvable for:

1) Irritable bowel syndrome related constipation in adults
2) Chronic idiopathic constipation with multiple OTC laxative and lifestyle changes failure.
3) Amitiza (lubiprostone) is non-preferred and requires a trial of Linzess (Linaclotide) first.
4) Movantik (Naloxegol) is non-preferred and requires a step of Linzess (Linaclotide) and Amitiza (Lubiprostone) first and diagnosis of opioid-induced constipation with chronic non-cancer pain.

Diagnosis:

☐ Chronic Idiopathic Constipation (CIC)
☐ Irritable Bowel Syndrome with Constipation (IBS-C)
☐ Opioid-Induced Constipation (OIC)

☐ Submit documentation of lifestyle changes, duration and outcome:

☐ Check current and prior laxative therapies used

Bulk-forming
☐ Psyllium-containing OTC products like Metamucil or equivalent
☐ Methylcellulose-containing OTC products like Citrucel or equivalent
☐ Polycarbophil-containing OTC products like FiberCon or equivalent

Stimulant
☐ Sennosides-containing OTC products like Senokot or equivalent
☐ Bisacodyl-containing OTC products like Dulcolax or equivalent

Lubricant
☐ Docusate-containing OTC products like Colace or equivalent

Osmotic
☐ Magnesium hydroxide-containing products like Phillips Milk of Magnesia or equivalent
☐ Polyethylene glycol-containing OTC products like MiraLax or equivalent
☐ Lactulose-containing products
☐ Magnesium citrate-containing OTC products
☐ Glycerin-containing OTC suppositories

Select dose and write schedule:

☐ Preferred Linzess (linaclotide) 145 mcg cap or ☐ 290 mcg cap
☐ Not Preferred Amitiza (lubiprostone) 8 mcg cap or ☐ 24 mcg cap
☐ Not Preferred Movantik (naloxegol) 12.5 mg tab or ☐ 25 mg tab

Prescriber Signature: ____________________________ Date: ____________

Prescriber NPI (required): ____________________________