Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria
Linzess™ (linaclotide)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be at least 18 years of age.
- Member must have a diagnosis of Chronic Idiopathic Constipation or irritable bowel syndrome.
- Member must have been unsuccessful with documented treatment with at least one (1) osmotic laxative (i.e., polyethylene glycol, lactulose, etc.).

Limitations:

- Dose limited to 72mcg or 145mcg daily for chronic idiopathic constipation
- Dose limited to 290mcg daily for irritable bowel syndrome