

POLICY NAME	Irritable Bowel Syndrome – Constipation Step Edit Policy#:	POLICY #	
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Criteria

Step Edit Criteria

- ☐ **1.1** Step edit requires a previous paid claim at the pharmacy of Linzess prior to coverage of Amitiza, Trulance or Motegrity.
- ☐ **1.2** Provider may submit clinical documentation of previous trial and failure of Linzess or clinical contraindication