Pharmacy Drug Policy Checklist

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

Criteria

Step Edit Criteria

☐   Step edit requires a previous paid claim at the pharmacy of Linzess prior to coverage of Amitiza, Trulance or Motegrity.

☐   Provider may submit clinical documentation of previous trial and failure of Linzess or clinical contraindication