**South East London Area Prescribing Committee**  
Formulary recommendation

<table>
<thead>
<tr>
<th>Reference</th>
<th>007</th>
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| **Intervention:** | Linaclotide (Constella®) for the treatment of moderate-to-severe irritable bowel syndrome with constipation (IBS-C) in adults.  
Linaclotide is a first-in-class, oral, once-daily, guanylate cyclase-C receptor agonist - The increase in cyclic guanosine monophosphate caused by linaclotide results in increased intestinal fluid secretion and accelerated transit. |
| **Date of Decision** | December 2013, updated November 2017 |
| **Date of Issue:** | January 2014, then April 2015. Recommendation revised and re-issued December 2017 to align with updated SEL IBS pathway |
| **Recommendation:** | Green – 2nd line option. Can be prescribed within agreed criteria for use in primary or secondary care.  
Patients with red flag symptoms should be referred and investigated by specialists – see [NICE IBS pathway](#) |

**Further Information**

Linaclotide is recommended for the treatment of moderate to severe irritable bowel syndrome (IBS) with constipation in adults as a 2nd line option if therapies recommended by NICE³ ([CG 61](#)) have been ineffective or not tolerated:

- **1st line:** antispasmodics/anti-motility agents/laxatives (not lactulose)
- **2nd line:**
  - If pain and diarrhoea predominant IBS (IBS-D) consider a tricyclic antidepressant
  - If pain and constipation predominant IBS (IBS-C) consider a selective serotonin reuptake inhibitor (SSRI) antidepressant.
  - If IBS-C more than 12 months and not responding to maximum dose of different laxatives, consider linaclotide

For initiation, a single 28 day supply is recommended initially and clear treatment review plan should be in place. In trials approximately 45% of patients had no improvement in abdominal pain with linaclotide treatment, therefore patients should have a scheduled review after 4 weeks treatment and regularly thereafter to assess improvement in symptoms before continuation.

These medicines should form part of a multifaceted approach to management of IBS to include the importance of self-help, general lifestyle, physical activity and diet.

Refer to the SEL [Irritable Bowel Syndrome Pathway](#) for further detail.

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<tr>
<th>Shared Care/Transfer of care document required:</th>
<th>No</th>
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<tr>
<td>Linaclotide appears safe, with little chance of interaction with other medications. The main adverse effect appears to be diarrhoea due to excessive pharmacological effect.</td>
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<td>Cost Impact for agreed patient group</td>
<td>• Based on assumptions in the evidence review, a reasonable estimate would be to assume that introduction of linaclotide to the healthcare economy might cost between £60,000 to £100,000 per 100,000 population. <strong>NOTE:</strong> This recommendation was originally issued in December 2013 and updated in November 2017, therefore some of this spend is already likely to be occurring. • There may be savings from reduced referrals to secondary care.</td>
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| Usage Monitoring & Impact Assessment | **Trusts**
Usage data to be provided upon request to the APC and follow up of exception reports as required.

**CCGs**
Epic data monitoring and exception reporting as needed of inappropriate use to Trust via medicines teams.

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<th>Evidence reviewed</th>
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**NOTES:**

a) Area Prescribing Committee recommendations and minutes are available publicly on the APC website.

b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.

c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**