Hard stools  
• Infrequent and incomplete bowel movements

Does the patient regularly have fewer than 3 bowel movements (BM) per week?  
2, 3, 7

How have laxatives been working to treat your symptoms?  

Tell me about how you’re able to get relief from your constipation.  

What ongoing issues have you had with moving your bowels?  

These open-ended questions can help start the conversation:

The first step to treating patients with IBS-C or CIC is talking with them.

Are they currently taking over-the-counter (OTC) fiber or laxatives?  
2, 3

Have they had these symptoms for at least 3 months or more?  
2, 3, 7

Keep in mind the following questions based on current diagnostic criteria and treatment guidelines:

**IBS-C/CIC Symptom Assessment**

- Constipation
- Hard stools
- Frequent and incomplete bowel movements

If your patients experience some of the following symptoms for 3 months or more they may have a chronic condition and require a different treatment approach:

- Bell y pain
- Constipation

Some of the following symptoms for 3 months or more (like they still have to go) after a BM?  
2, 3, 7

Does the patient experience hard stools (associated with the constipation) or a feeling of incomplete evacuation as little as $1 a day with the LINZESS Instant Savings coupon.  
4

YOU MAY BE SURPRISED BY WHAT THEY HAVE TO SAY.

Believe it or not, millions of Americans, just like you, have it.”

“Constipation is a real medical problem that can be a sign of a real chronic condition such as IBS-C or CIC, and prescription medicine may help you find relief.”

“Talking about constipation that keeps coming back may be a sensitive subject, but could be the symptom of a real medical condition.”

“Taking a once-daily medication for IBS-C or CIC can help you proactively manage your symptoms.”

“Taking laxatives can help, but they are only approved for occasional use.”

“Eligible patients pay the first $30 and the makers of LINZESS pay up to the next $75 on their out-of-pocket expenses for each LINZESS prescription.”

“ONCE PATIENTS START TALKING ABOUT THEIR SYMPTOMS YOU MAY BE SURPRISED BY WHAT THEY HAVE TO SAY.

Go to LINZESS.com to learn how your eligible patients can pay as little as $1 a day with the LINZESS Instant Savings coupon.

**Starting the CONSTIPATION CONVERSATION**

**LINZESS® (linaclotide) is indicated in adults for the treatment of Irritable Bowel Syndrome with Constipation (IBS-C) and Chronic Idiopathic Constipation (CIC).**

**IMPORTANT SAFETY INFORMATION**

**WARNING: PEDIATRIC RISK**

LINZESS® is contraindicated in pediatric patients under 6 years of age. In recreational studies, administration of a single, clinically-relevant adult dose of linacotide caused deaths due to dehydration in young juvenile animals. Use of LINZESS should be avoided in pediatric patients 6 through 17 years of age. The safety and efficacy of LINZESS has not been established in pediatric patients under 18 years of age.
I thought I could live with these symptoms. But my symptoms keep coming back. I need help.

Could chronic constipation be affecting your patients?

Patients with BS-C (Functional Constipation BS-C or Chronic Idiopathic Constipation) or CIC (Chronic Idiopathic Constipation) are not always easy to identify. Often they don’t tell their doctor what’s really going on. They’ll self-treat with laxatives, only to have their symptoms come back again and again. That’s why it’s important for you to start the constipation conversation with your patients.

While estimates vary, as many as 48 million adults in the US may suffer from BS-C or CIC.

Contraindications
• LINZESS is contraindicated in pediatric patients under 6 years of age.
• LINZESS is contraindicated in patients with known or suspected mechanical gastrointestinal obstruction.

Warnings and Precautions
Pediatric Risk
• LINZESS is contraindicated in pediatric patients under 6 years of age. The safety and effectiveness of LINZESS in pediatric patients under 18 years of age have not been established. In neonatal mice, increased fluid secretion as a consequence of GC-C agonism resulted in mortality within the first 24 hours due to dehydration. Due to increased intestinal expression of GC-C, children under 6 years of age may be more likely than older children and adults to develop significant diarrhea and its potentially serious consequences.
• Use of LINZESS should be avoided in pediatric patients under 6 years of age. Although there were no deaths in older juvenile mice, given the deaths in young juvenile mice and the lack of clinical safety and efficacy data in pediatric patients, use of LINZESS should be avoided in pediatric patients 6 through 17 years of age.

Diarrhea
• Diarrhea was the most common adverse reaction in LINZESS-treated patients in the pooled BS-C and CIC double-blind placebo-controlled trials. Severe diarrhea was reported in 2% of LINZESS-treated patients. The incidence of diarrhea was similar in the BS-C and CIC populations.
• Patients should be instructed to stop LINZESS if severe diarrhea occurs and to contact their healthcare provider. The healthcare provider should consider dose suspension and rehydration.

Adverse Reactions
• In BS-C clinical trials, the most common adverse reactions in LINZESS-treated patients (incidence ≥2% and greater than placebo) were diarrhea (20% vs 3% placebo), abdominal pain (7% vs 5%), flatulence (4% vs 2%), headache (4% vs 3%), viral gastroenteritis (3% vs 1%), and abdominal distension (2% vs 1%).
• In CIC clinical trials, the most common adverse reactions in LINZESS-treated patients (incidence ≥2% and greater than placebo) were diarrhea (16% vs 5% placebo), abdominal pain (7% vs 6%), flatulence (6% vs 5%), upper respiratory tract infection (5% vs 4%), sinusitis (3% vs 2%), anal incontinence (5% vs 2%), and abdominal distension (3% vs 2%).

Please see additional Important Safety Information, including Boxed Warning, throughout and enclosed full Prescribing Information.
Breaking Down Communication Barriers

Patients with IBS-C or CIC are often reluctant to bring up the subject of constipation. This could be because of embarrassment, anxiety, or feeling misunderstood. The chart below can help guide your next patient conversation.*

<table>
<thead>
<tr>
<th>Common Patient Beliefs/Barriers</th>
<th>What Patients May Say</th>
<th>Potential Responses*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns about sharing symptoms that won’t be taken seriously</td>
<td>“I haven’t brought up my constipation symptoms before because I don’t think you’d think it was really a problem.”</td>
<td>Talking about constipation that keeps coming back may be a sensitive subject, but ignoring the symptoms of a real medical condition can be detrimental to your health. And prescription medicine may help you feel better.*</td>
</tr>
<tr>
<td>Thinks that constipation is not a true medical condition</td>
<td>“I do get constipated, but don’t really think it is important to mention there are other things going on.”</td>
<td>Constipation is a real medical problem that can be a sign of other conditions, like IBS-C or CIC. That is why it is important to talk about your symptoms.*</td>
</tr>
<tr>
<td>Believes that constipation is not a chronic condition</td>
<td>“My constipation goes away and keeps coming back.”</td>
<td>The patient’s symptoms may not be consistent, but they may experience constipation over a long period.*</td>
</tr>
<tr>
<td>Believes that issues are the only treatment that works</td>
<td>“When I’m constipated I just take laxatives because they help me get through it. But my symptoms keep returning.”</td>
<td>Taking laxatives can help, but they are only approved for occasional use. If you have chronic constipation, like IBS-C or CIC, there’s medicine that can help you feel better.*</td>
</tr>
<tr>
<td>Concerns about taking a daily medication and cost of daily medications</td>
<td>“I’m not sure that I need to take a pill every day.”</td>
<td>Taking a once-daily medication for IBS-C or CIC can help you proactively manage your symptoms.*</td>
</tr>
</tbody>
</table>

* Clinicians should use their clinical judgment in determining whether to use LINZESS® (linaclotide) in patients who express concerns. See important safety information and directions for use for additional details.
Could chronic constipation be affecting your patients?

Patients with IBS with Constipation (IBS-C) or Chronic Idiopathic Constipation (CIC) are not always easy to identify. Often they don’t tell their doctor what’s really going on. They’ll self-treat with laxatives, only to have their symptoms come back again and again. That’s why it’s important for you to start the constipation conversation with your patients.

While estimates vary, as many as 48 million adults in the US may suffer from IBS-C or CIC.

“I thought I could live with these symptoms. But my symptoms keep coming back. I need help.”

IMPORTANT SAFETY INFORMATION (cont.)

Contraindications
• LINZESS is contraindicated in patients under 6 years of age.
• LINZESS is contraindicated in patients with known or suspected mechanical gastrointestinal obstruction.

Warnings and Precautions
Pediatric Risk
• LINZESS is contraindicated in pediatric patients under 6 years of age. The safety and effectiveness of LINZESS in patients under 6 years of age have not been established. In neonatal mice, increased fluid secretion as a consequence of GC-C agonism resulted in mortality within the first 24 hours due to dehydration. Due to increased intestinal expression of GC-C, children under 6 years of age may be more likely than older children and adults to develop significant diarrhea and its potentially serious consequences.
• Use of LINZESS should be avoided in pediatric patients 6 through 17 years of age. Although there were no deaths in older juvenile mice, given the deaths in younger juvenile mice and the lack of clinical safety and efficacy data in pediatric patients, use of LINZESS should be avoided in pediatric patients 6 through 17 years of age.

Diarrhea
• Diarrhea was the most common adverse reaction in LINZESS-treated patients in the pooled IBS-C and CIC double-blind placebo-controlled trials. Severe diarrhea was reported in 2% of LINZESS-treated patients. The incidence of diarrhea was similar in the IBS-C and CIC populations.
• Patients should be instructed to stop LINZESS if severe diarrhea occurs and to contact their healthcare provider. The healthcare provider should consider dose suspension and rehydration.

Adverse Reactions
• In IBS-C clinical trials, the most common adverse reactions in LINZESS-treated patients (incidence ≥ 2% and greater than placebo) were diarrhea (20% vs 3% placebo), abdominal pain (7% vs 5%), flatulence (4% vs 2%), headache (4% vs 3%), viral gastroenteritis (3% vs 1%) and abdominal distension (2% vs 1%).
• In CIC clinical trials, the most common adverse reactions in LINZESS-treated patients (incidence ≥ 2% and greater than placebo) were diarrhea (16% vs 5% placebo), abdominal pain (7% vs 6%), flatulence (6% vs 5%), upper respiratory tract infection (5% vs 4%), sinusitis (3% vs 2%) and abdominal distension (3% vs 2%).

Please see additional Important Safety Information, including Boxed Warning, throughout and enclosed full Prescribing Information.
### IBS-C/CIC Symptom Assessment

Start the conversation by asking:

- **How have laxatives been working to treat your symptoms?**
- **Tell me about how you’re able to get relief from your constipation.**
- **What ongoing issues have you had with moving your bowels?**

These open-ended questions can help start the conversation:

**The first step to treating patients with IBS-C or CIC is talking with them.**

- **Do symptoms keep coming back?**
- **Are they currently taking over-the-counter (OTC) fiber or laxatives?**
- **Have they had these symptoms for at least 3 months or more?**
- **Does the patient experience hard stools (associated with the constipation) or a feeling of incomplete evacuation?**
- **Does the patient regularly have fewer than 3 bowel movements (BMs) per week?**
- **Does the patient experience hard stools (associated with the constipation) or a feeling of incomplete evacuation?**
- **Does the patient experience a feeling of incomplete evacuation after a BM?**

#### IBS-C/CIC Symptom Assessment

---


**Note:** LINZESS is indicated in adults for the treatment of both Irritable Bowel Syndrome with Constipation (IBS-C) and Chronic Idiopathic Constipation (CIC).

**WARNING: PEDIATRIC RISK**

LINZESS is contraindicated in pediatric patients under 6 years of age. In nonclinical studies, administration of a single, clinically relevant adult dose of linaclotide caused deaths due to dehydration in young juvenile mice. Use of LINZESS should be avoided in pediatric patients under 6 years of age. The safety and efficacy of LINZESS has not been established in pediatric patients under 10 years of age.
Once patients start talking about their symptoms, you may be surprised by what they have to say. Go to LINZESShcp.com to learn how your eligible patients can pay as little as $1 a day with the LINZESS Instant Savings coupon.*

Potential responses

"I haven’t brought up my constipation symptoms before because I didn’t think you’d think it was really a problem." 
"Yes, I do get constipated, but didn’t really think it was a real medical problem that can be a sign of a chronic condition such as IBS-C or CIC, and prescription medicine may help you find relief." 
"I haven’t thought I needed medication to help me with my constipation. I take what helps me get through it. But my symptoms feel of incomplete evacuation after a BM?" 
"My constipation goes away and keeps coming back." 
"I haven’t brought up my symptoms and management, you may have IBS-C or CIC." 
"I haven’t brought up my constipation symptoms before because I didn’t think you’d think it was really a problem. Believe it or not, millions of Americans, just like you, have it.”

Common patient beliefs/barriers

Concerns about sharing symptoms

• Concerns about taking a daily medication and cost of daily medication

Concerns about sharing symptoms

• Concerns about taking a daily medication and cost of daily medication

Concerns about taking a daily medication and cost of daily medication

Breaking down communication barriers

Patients with IBS-C or CIC are often reluctant to bring up the subject of constipation. This could be because of embarrassment, anxiety, or feeling misunderstood. The chart below can help guide your next patient conversation.

If your patients experience some of the following symptoms for 3 or more months or more they may have a chronic condition and require a different treatment approach.1

• Constipation
• Pain
• Infrequent and incomplete bowel movements

The first step to treating patients with IBS-C or CIC is talking with them.

These open-ended questions can help start the conversation:

• Do symptoms keep coming back?1
• Are they currently taking over-the-counter (OTC) fiber or laxatives?
• Have they had these symptoms for at least 3 months or more?
• Does the patient experience hard stools (associated with the constipation)?
• Does the patient regularly have fewer than 3 bowel movements (BMs) per week?
• Do symptoms keep coming back?1

If your patient experience hard stools (associated with the constipation) or a feeling of incomplete evacuation after a BM?2

IBS-C/CIC Symptom Assessment

Keep in mind the following

• Do symptoms keep coming back?1
• Are they currently taking over-the-counter (OTC) fiber or laxatives?
• Have they had these symptoms for at least 3 months or more?1
• Does the patient experience hard stools (associated with the constipation) or a feeling of incomplete evacuation after a BM?
• Have they had these symptoms for at least 3 months or more?1

Please see additional Important Safety Information, including Boxed Warning, throughout and enclosed full Prescribing Information.

References:

© Actavis and Ironwood Pharmaceuticals, Inc. 2015. All rights reserved. LIN28309 04/15