

This transcript was lightly edited for readability.

Introductory Remarks

Moderator, RTI International

Thank you, everyone. I appreciate you all joining today. My name is [MODERATOR] and I [REDACTED] work for a company called RTI. We're a nonprofit research organization, and I also wanted to introduce my colleague [SECONDARY MODERATOR] who's joining me as well. [SECONDARY MODERATOR]'s waving there. You'll hear from [SECONDARY MODERATOR] a few times during our discussion today.

The Centers for Medicare & Medicaid Services, also known as CMS, is convening this patient-focused, roundtable event as part of the Medicare Drug Price Negotiation Program. And the purpose of today's event is to hear from you all. And you're a mixture of patients, some of you are caregivers, some of you are patient advocates, some of you wear multiple hats, about your experiences with the conditions and diseases treated by Linzess, with Linzess, and other medications for the same conditions.

If you want to share inputs on other topics that aren't related to patient experiences, we do have an email address that you can also contribute some feedback to. We'll give you that later, but it's IRARebateAndNegotiation@cms.hhs.gov. You don't have to remember that, we're going to show it to you later. But again, today's session is focused mainly on the patient experiences living with some of the conditions treated by Linzess.

The information shared during the events will help CMS understand patients' experiences with the conditions and diseases treated by Linzess, patients' experiences with the selected drugs themselves, and patients' experiences with other drugs that are used to treat the same conditions as Linzess. And CMS may use this information in negotiating Medicare pricing with the manufacturers of Linzess. Your experiences and perspectives are very important to us, and we genuinely appreciate your time today. Let's first watch a brief video from CMS leadership so that you can hear from them about how much they value your time and input today.

CMS Remarks

00:01:28

Steph Carlton, Deputy Administrator and Chief of Staff, Centers for Medicare & Medicaid Services

Greetings, everyone. I'm Steph Carlton, the Deputy Administrator and Chief of Staff at the Centers for Medicare & Medicaid Services, or CMS. CMS administers Medicare, our country's federal insurance program, for more than 65 million older Americans and people with disabilities.

I deeply appreciate each one of you for taking the time to join us today. Lowering the cost of prescription drugs for Americans is a top priority of President Trump and his administration. As the

second cycle of negotiations begins under the Trump administration, CMS is committed to engaging with stakeholders for ideas to improve the Negotiation Program.

In January 2025, CMS announced the 15 Medicare Part D drugs selected for the second cycle of price negotiations. Medicare's ability to negotiate directly with drug companies will improve access to some of the costliest drugs while fostering market competition and continuing innovation.

Our priority in negotiating with participating drug companies is to come to an agreement on a fair price for Medicare. Promoting transparency and engagement continues to be at the core of how we are implementing the Medicare Drug Price Negotiation Program. And that is why the process for negotiation engages you, the public.

This event is part of our effort to hear directly from a range of stakeholders and receive input that's relevant to the drugs selected for the second cycle of negotiations. Thank you again for joining us. Your input matters. And next, stay tuned to hear from the event moderator to give you more details on what to expect during this event.

00:04:21

Moderator, RTI International

And I also want to make you aware that staff from CMS will be sitting in today to this event, so they can hear your experiences and opinions directly from you. Let me hand it over to **[CMS STAFF]** for a moment, so they can say hello. Hey, **[CMS STAFF]**.

00:04:34

CMS Staff

Hi, **[MODERATOR]**. Hello, everyone. I want to welcome everyone on behalf of CMS. On the call today, we have staff from the Medicare Drug Price Negotiation Group, which manages the Negotiation Program. And we want to thank you for participating. And we're looking forward to hearing about your experiences during this roundtable discussion.

We're going to go off camera now, so you can focus on the discussion. But we'll be here, and we'll be listening. Thank you for joining us.

Housekeeping

00:05:01

Moderator, RTI International

Great. Thank you, **[CMS STAFF]**.

Before we begin, I also just want to go over what we call housekeeping items. Just some ground rules for today's discussion. First, we hope we can hear from everyone and hear your perspective today. But if you don't want to answer a question today, that's totally fine. Just let me know.

Please be sure to minimize background noise and distractions as much as possible. Silence your cell phones and other devices, and if you're not speaking just, you can mute yourself. This discussion is not open to the press or the public. I will use only first names today when addressing you to protect your privacy. Please do not share any unnecessary identifying information or personal health, health information during today's discussion.

We will audio and video record. But these recordings will not be shared publicly. However, following the event, CMS will prepare transcripts that will have participant names and identifying information removed and redacted, and these transcripts will be made available to the public.

I also want to highlight a few things for our discussion today. For video, thanks in advance for keeping your video on throughout this day's discussion. This session will last about an hour and a half total. We started a little early, so we should be able to end a little early as well.

I do have a list of questions in a guide here that I have to go through, and just to keep us on track, I might have to be rude, and I may have to move us from one topic to another. That's me not trying to be rude. It's just that I have to make sure we have time to ask all the questions that we have for you today.

If you get disconnected, please attempt to rejoin. And if you cannot connect, please reach out to this email address on the slide now, IRADAPStechsupport@telligen.com, and someone can help you.

If you need to step away briefly for our discussion, that's totally okay. Just turn on your camera and your microphone and rejoin when you're able to. You don't need to tell me that you're stepping away, just step away and return as soon as you're able to.

Please also speak one at a time. I may have to occasionally interrupt, if more than one person is speaking at a time. If that happens, please forgive me. You can also use the raise hand function within Zoom, if you want something to say, just to make sure that I call you. Please take a moment to find that feature and see how it works.

Finally, today, really looking to hear all your opinions and experiences. Just so you know, you all will have different opinions and different experiences and talking about Linzess today. And we want to hear what you all think honestly about these topics as we discuss them. Okay?

That was a lot of me talking. So, let me pause for a second and see what kind of questions you all have for me before we get started. Okay. So, I do want to do some quick introductions, and I may have lost a participant. Have I lost someone? There, okay, there we go. There we go. Perfect. Thank you. I'm gonna go around the quote unquote room. And I would like everyone to tell me your first name; tell me the condition or conditions that Linzess treats that you have experience with, and also I'd like to hear if you're going to be sharing a personal experience, those of a loved one, or if you're sharing the experiences of such as a patient advocate, and you may have multiple hats, and that's totally fine, too. So, again, your first name, the condition or conditions that Linzess treats that you have experience with, and whether you're going to be sharing personal experiences, those of a loved one, or you're sharing those patient experiences as a patient advocate.

And I'm gonna go in order that you are in my screen. And, **[Participant 1]**, you're my first person. Hey, **[Participant 1]**.

Discussion

00:08:45

Participant 1 (registered as a representative of a patient advocacy organization)

Hi, thanks for being here, **[MODERATOR]**, and letting us talk about this. I am an advocate, but I also am a person with lifelong symptoms of IBS [irritable bowel syndrome], and I have a child with the same symptoms, who's an adult now, 20. But we dealt with this as she was growing up.

00:09:07

Moderator, RTI International

Great. Thank you so much, **[Participant 1]**. **[Participant 2]**?

00:09:14

Participant 2 (registered as a representative of a patient advocacy organization and caregiver)

Hi, thank you, as well, for hosting this important discussion. I come at this as an advocate, but I don't have direct caregiving experience with IBS or personal experience with it, but I do know a number of people who have suffered from it and consulted with them in preparation for this.

00:09:34

Moderator, RTI International

Thank you, **[Participant 2]**. And the next person on my screen is, is it, **[Participant 3]**? I hope I'm doing it correctly.

[Participant 3]?

00:09:46

Participant 3 (registered as a patient and representative of a patient advocacy organization)

[Participant 3].

00:09:47

Moderator, RTI International

[Participant 3], sorry. Hey, **[Participant 3]**?

00:09:52

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Hey, **[MODERATOR]**. Thank you. Again, I just echo the appreciation that we have as patients to be able to participate. I am a lifelong sufferer of irritable bowel syndrome, and while it has gone from constipation to diarrhea throughout the years, it's predominantly been constipation, and there have been times when the IBS symptoms have gone away, and I've had chronic idiopathic constipation.

I have a daughter with CIC [chronic idiopathic constipation] who has had that since she was a child, infant actually. And I also am coming at this as an advocate who, just with full transparency, is the **[REDACTED]** of the International Foundation for Gastrointestinal Disorders, and one of our primary disease states that we cover is irritable bowel syndrome.

00:10:39

Moderator, RTI International

Thank you, **[Participant 3]**. And then finally, **[Participant 4]**, do I have that correct?

00:10:46

Participant 4 (registered as a representative of a patient advocacy organization)

Yes, yes. I'm representing a consumer advocacy organization. And I'm not sure, is it okay to mention the name of the organization? Okay, so I'm with Public Citizen's Health Research Group. Basically, our group has existed for more than 50 years. And we look at evidence. We testify at FDA meetings,

reviewing different drugs in the public open meetings for those. And also, we have a newsletter called *Worst Pills, Best Pills News* where we look at the evidence behind commonly used drugs. And Linzess is one of the drugs that we have reviewed. And I'm here to present our findings from the evidence related to that.

00:11:41

Moderator, RTI International

Great. Thank you so much, **[Participant 4]**.

All right, now that you've all had a chance to introduce yourselves, I want you all to use the chat window for one quick question I want to ask, and then we're going to be talking more verbally, and that is, have you or a loved one taken Linzess either currently or in the past, and you could put yes or no. So, again, have you or loved one taken Linzess whether currently or in the past? And you can just put yes or no.

No. No. So yes. So, I see two people have experience taking it personally themselves or a loved one.

So, I want to first talk about some of the conditions that Linzess treats. And at the moment, we're not really talking about Linzess itself. I just really want to focus on the conditions. And we're going to talk about two specific conditions today. One is constipation related to IBS, which I've heard a couple mentioned a couple other times, and the other is chronic idiopathic constipation.

So, either chronic idiopathic constipation or constipation associated with IBS. I know there's also functional constipation with pediatric patients. But we're not going to focus on that for today. Just the idiopathic and IBS.

So first, for those who can talk about the constipation associated with IBS, I want to hear from you all first, about how does constipation associated with IBS affect your, your loved ones', or patients' day-to-day lives? How does it affect people day-to-day?

Who wants to go first?

00:13:37

Participant 3 (registered as a patient and representative of a patient advocacy organization)

So, you know, for me, I think that they're varying severity with IBS-C [irritable bowel syndrome with constipation], and when it's really at its worst, I think there's a lot of pain and inability to really get out of bed. There are days when you just, you can't function and you are not able to go to work.

It affects how you approach what you eat, because you're afraid that you will have pain. It affects your ability to socialize with friends, family. I remember many times as a single mom when my daughter was very young, her having to miss her activities that we had planned, birthday parties and things, because I wasn't able to go and take her. And so, it really does severely impact your ability to have a normal life.

00:14:29

Moderator, RTI International

Right, okay, thanks. Thanks, **[Participant 3]**.

00:14:36

Participant 1 (registered as a representative of a patient advocacy organization)

So, this is **[Participant 1]**, and I would agree with what **[Participant 3]** just said. I've missed many events in my life because of pain or well, mostly pain, and you can't sort of anticipate it.

Three weeks ago, I ended up in the emergency room. That's the first for me, but the pain was so bad that I needed help, and went to the emergency room to get it. My daughter has had similar constipation issues most of her life, and it's constantly complaining until she finally found something that worked a bit and her situation has improved but not resolved itself.

00:15:31

Participant 2 (registered as a representative of a patient advocacy organization and caregiver)

The other thing that I've heard, in addition to pain, which I don't mean to diminish at all, because it is dramatic and devastating, is just the challenges with leaving your house. When you can't anticipate an attack coming on potentially, or you feel the need, but you know you're not going to be able to complete going to the bathroom. Having to plan outings, how to strategize about where restrooms are, whether you can enjoy something outdoors, perhaps, where restrooms are not as available, or even going somewhere. There's a lot of embarrassment associated with that, and stigma as well. That really affects people. And I think it's important. There are a lot of physical symptoms. But there's also a really big overall wellness and emotional component to it as well that's quite devastating.

00:16:30

Moderator, RTI International

And over time, how has the impact of constipation associated with IBS changed over time? Like got worse, been the same, gotten better, how has it changed over time?

00:16:49

Participant 1 (registered as a representative of a patient advocacy organization)

Well for me, the going to the hospital and the last month has definitely been an increase in severity. But I mean it goes away for a little while, or calms down, and then comes back. It's never gone.

00:17:12

Participant 3 (registered as a patient and representative of a patient advocacy organization)

We call them episodes in my house, where you have episodes of IBS. And I think over time, I've sort of learned to read my body a little bit better, but there's still those attacks come from out of nowhere. I'm also lucky that I work from home or in an office where I have some flexibility. So, when I have those issues like **[Participant 2]** mentioned of incomplete evacuation, which is, it's you're working. You're like, oh, I have to go poop, and then you go to the bathroom, and you're there for a while, and then you're like, okay, I guess that's it. And you go back to your desk, and then ten minutes later, like, I gotta go again and then off go again. And it's like back and forth, back and forth. If I was in a traditional office setting which I used to be when this first was first diagnosed, it was very embarrassing. It was hard. I've been lucky that I've been able to navigate my career in such a way that I can, I don't have to worry about that. And I think that I hear from patients a lot of times is those are the types of things that they have to do. They may lose a job and then have to find

something else, or they're just constantly looking for something that will be more conducive to their symptomatic experience.

00:18:29

Participant 1 (registered as a representative of a patient advocacy organization)

And I think you shouldn't minimize the associated bloating, too. That can be so uncomfortable, as uncomfortable as being constipated, or more so. And I can put something on in the morning that's even partially loose. By evening, when I come home, have red marks around my belly, because the bloating has changed my dress size in the course of a day, and that's often. Yeah, it's very uncomfortable.

00:19:04

Moderator, RTI International

So, I wanted to talk also a little bit more about how it impacts people's jobs. And, **[Participant 3]**, you noted that it can threaten people's employment? I think I know the answer. But can you speak a little bit more to that?

00:19:17

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Absolutely. I have spoken with many patients who have just downright lost their job. One lady that I spoke with recently was actually a bank teller, and she was unable to stay in her station at the bank. She had to keep going back to the bathroom because she kept feeling like she had to go, and then she wasn't able to go, and she was in there longer than normal.

A lot of people who work in corporate settings where they have meetings and conference rooms, has so much stress about trying to go to the bathroom before they go and knowing that if they have to step out, they'll be out for a while, because with IBS-C, you generally tend to stay on the toilet longer because you're just trying to completely get it out.

And then, of course, I think for me, the constipation. There was a lot of pain that built throughout the day sometimes, and I could wake up in the morning. My stomach looks fine, my stomach feels fine. By the end of the day, like **[Participant 1]** said, I'm more bloated. I'm also feeling more pain, or in my abdomen and in my gut and, and then, sometimes I just start feeling, even nauseous. I'm just feeling uncomfortable.

And all of those types of things, you know, as you work throughout an eight-hour workday, that's a third of the day, a lot of times people just can't make it. And then by the end of the day they're having to leave work early, they end up either being embarrassed and being, themselves, just finding a new job, or I know many people that have said, they have lost their job because of their IBS, or been unable to work and or they just can't do it anymore.

00:21:04

Moderator, RTI International

So, some of the big things I'm hearing about how constipation might affect you is, one is physiological. It's painful. **[Participant 1]** mentioned, the bloating can be a problem. So, it's painful, bloating and so forth. I'm hearing impacts on daily life, social settings, going out to see people can be problematic, like you have to plan around bathrooms, I think, is what **[Participant 2]** said. And then the other big thing I've heard is how it affects people's employment. It can be hard to keep a

job based on, depending on the job that they have, it can really affect their ability to keep a job because of having to leave their station pretty frequently. Does that sound like some of the big themes?

Okay. So, whether it's Linzess or any other drug, [inaudible] therapy, let's take a broad, big picture for the moment, what parts of constipation associated with IBS do you all think is most important to you, your loved ones, or patients to be managed or treated? Again, so, when it comes to constipation with IBS, what's most important to be managed or treated?

00:22:21

Participant 3 (registered as a patient and representative of a patient advocacy organization)

I think for me, it's being the management of treatment means less frequent or less often episodes. They're not going to go away like **[Participant 1]** said, like this is not going to go away, and it doesn't matter what treatment you take or what lifestyle changes you make.

It is a chronic condition. It'll always be there. You can try to help it symptomatically through diet, exercise, medication. But definitely, it's not going to go away. And so for me, for my treatment, I just want to know that I'm going to have less often episodes, maybe less severe episodes, and that, then I feel a little more comfortable about my day. I travel some with my job, and so that is difficult, and being able to know that I have medication that will minimize the effects of me having an episode while I'm on a trip is very important. I also do some really kind of crazy self-management stuff, like landing a day early, doing a full clean out with laxatives and to ensure that I have nothing in my system prior to the meeting starting so that I don't have as big issues. But I think just sort of that lesson the frequency and severity, that's for me.

00:23:46

Moderator, RTI International

How about others? What's the most important to be for you to manage?

00:23:51

Participant 1 (registered as a representative of a patient advocacy organization)

Well, that's the main thing, I think is just having confidence that you can go through your day and complete it without pain or some embarrassing episode, or other situation that evolves based on this disease. And I'm with you on the travel. For some reason travel kicks it off. You have, I'm constantly over-managing or more conscious of everything that I do when I'm traveling. I think almost anything you do that's different upsets your system. So, it causes more need to be regular and cared for.

00:24:44

Moderator, RTI International

Yeah.

00:24:45

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Absolutely. And also, I mean a big thing for me and a lot of people I talk to is that pain factor of that being so constipated, or just having that feeling of pain in your gut that makes it very difficult to even think sometimes, much less do your work. That lessening of the pain is definitely important, I think,

and it's the one thing, I know you mentioned chronic idiopathic constipation, and I have both. So, it's the one thing that differentiates the two of them and makes the IBS worse, as the fact that you do have that pain or discomfort in your abdomen. It's not always just pain. Sometimes you could just feel it, and it's just that at the back of your head. You just know it keeps you unfocused.

00:25:36

Moderator, RTI International

Or **[Participant 2]**. Go ahead. Yeah.

00:25:37

Participant 2 (registered as a representative of a patient advocacy organization and caregiver)

No, I was just gonna interject, I a hundred percent appreciate what **[Participant 3]** and **[Participant 1]** are describing, because we hear that a lot from people dealing with many serious chronic conditions. It's just that lack of control and predictability and how it impacts. There's not a cure. You're going to have episodes. You want to space out the time in between those acute episodes. But it's so important to understand how that gives you back control over your life. You're not changing your life to suit your disease and react to your disease. But you're back in control of your health and are able to plan and enjoy, and the like.

And the other thing I just would add is that many people have experienced constipation. That's not what we're talking about here. So, I don't want when you're talking about a chronic disease, this is ongoing. It's a daily, sometimes, hour-by-hour, situation you're dealing with. So, I just think it's really important. And I so applaud these ladies for talking about it so candidly that we don't diminish the impact that these diseases have on people.

00:26:50

Moderator, RTI International

All right. Thank you.

00:26:51

Participant 1 (registered as a representative of a patient advocacy organization)

Thank you, **[Participant 2]**, because I was just thinking about that. How do I describe how painful this is? And I don't know how to do it, except I've had a child, and this was worse, and I feel like I have a fairly high pain threshold. So, we're talking about pain that sent me to the hospital. Pain that stops you from moving, that's all you're concentrating on. I literally, my body was in such shock from the pain that I sweated through the night clothes I had on when I got up because of this pain and was shaking.

00:27:32

Moderator, RTI International

Okay, so more painful than childbirth, you said.

00:27:36

Participant 1 (registered as a representative of a patient advocacy organization)

Well, mine, anyway. Yeah.

00:27:38

Moderator, RTI International

Wow, okay.

I also want to talk a little bit also about chronic idiopathic constipation, because we've been talking from the perspective of IBS and **[Participant 3]** you mentioned that. Does anyone else want to talk about it from a perspective of chronic idiopathic constipation?

Okay, **[Participant 3]**, can you tell me maybe a little bit about how chronic idiopathic constipation affects you differently than the constipation that comes from IBS?

00:28:11

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Absolutely and honestly, I think that for me, because I've had IBS since I was very young, I think that, not that I'm not young now, but since I was young the chronic idiopathic constipation, the difference really, truly is that pain component. And I think you become less aware. And for me, I can go just like a week and not have a bowel movement. And then you just start thinking about it, right? Like, when was the last time? Did I have a bowel movement yesterday? Did I have one last week? When was the last time I had one?

I sometimes, with my CIC, I just feel pain in a way, but it's more like discomfort, like a sense of over fullness to the point that I start feeling I can't eat. Like I'm just, sometimes I'm like my constipation, I feel like I'm just constipated all the way up to here, like everything is just completely backed up. And I've had several colonoscopies, and because of my CIC, I do have, my colon is more like a balloon. It's like more swollen than it should be. It doesn't contract as well as someone with a normal colon would have. My doctor keeps telling me you cannot let yourself get backed up because all you're doing is stressing out your colon lining even more.

And then, of course, I have a whole regimen where you're taking enemas. You're taking laxatives. You're taking Miralax every 15 minutes for two hours. And there was a point in time when I was working two jobs, and I was doing about 70 hours a week, that every Saturday was my clean out day. Every Saturday morning would get up, and I would do the entire clean out. It was the enema first, followed by laxatives, then just taking Miralax every 15 minutes until I went, and I had to do that every Saturday. When I had a Sitz marker study, over 70% of my markers were retained. And so, it can get extremely serious, as far as just the pain and the discomfort of just feeling like you're just bloated. It's not sharp pains or episodic, like the IBS. It's just, if you let yourself go for too long, and you don't manage it, which I used to not manage well, you can just sort and then you're just like a yucky feeling all over. You just feel yuck.

00:30:38

Moderator, RTI International

And **[Participant 3]**, you, you mentioned pain. Is pain from CIC worse than from IBS?

00:30:46

Participant 3 (registered as a patient and representative of a patient advocacy organization)

No.

00:30:48

Moderator, RTI International

Okay, so worse for IBS?

00:30:50

Participant 3 (registered as a patient and representative of a patient advocacy organization)

I think so. I think, IBS, it's sharper, maybe. For me, the constipation and I feel more achy in my abdomen than I do pain, although, I'll just tell you, everyone is different. I've talked to, I actually have one of my board members that has CIC and pain is really for her the worst thing. And she feels like, even when she's trying to manage well, she still feels like her stomach hurts all the time. It's not associated with a bowel movement, so it's not considered irritable bowel syndrome, but she in her experience the CIC pain is really bad and I know that everyone's IB [irritable bowel], everyone's CIC experience is different. For me, because I had IBS during periods of my life, and then there are times when it's just CIC and it's not. But I also like **[Participant 1]**, I have a high pain tolerance. So, if I say I'm in pain, I'm really in pain. But so I would say that my personal experience, I would say IBS is worse. I will be honest in saying I can't speak for everybody in that.

00:32:03

Moderator, RTI International

Right, yeah. And so, this group knows mostly chronic idiopathic constipation, idiopathic mean that the cause can't be determined.

All right. I want to talk now about treatments for constipation, both from IBS and also from chronic idiopathic. And I want to talk about your experience with Linzess, and in addition to Linzess, we're also going to talk about your experiences you've had with other drugs like Linzess. So, not just focus on Linzess, but thinking about all the medications that are available from Linzess and these other medications, we call therapeutic alternatives.

When thinking about potential medications, first we'll talk about constipation with IBS, to you all, or to people that you love, what matters the most in these medications? Again, when considering medications for constipation for IBS, what matters most to your loved ones?

00:33:10

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Do you mean me as a patient? What's most important to me when I take the medication, or to my family and friends as they interact with me?

00:33:18

Moderator, RTI International

Good question. So, your personal experience with IBS, or if you know people who have IBS their perspectives, if you wanted to comment on their perspectives, but not your family's perspective in terms of you.

00:33:32

Participant 3 (registered as a patient and representative of a patient advocacy organization)

I got it. For me that circles back to what we talked about before, just having some sort of control, and knowing that the episodes are going to be less or more managed, I think that is important in any

therapy that I'm looking at. I think that also the consistency of knowing that you know it's going to keep working and that I have a piece of the pie of my life back. And also, it works.

00:34:09

Moderator, RTI International

And the work. Yeah. So how effective it is matters.

00:34:13

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Yeah.

00:34:15

Participant 2 (registered as a representative of a patient advocacy organization and caregiver)

Right. And I think the way she described it is really well, it's not just covering the symptoms. So, it's not pain relief. It's actually disease relief and space between episodes and getting back some of that control and getting back your life. [N]ot having the disease impact your life, much less with fewer side effects, and the like. And I did want to say, I know you're talking about therapeutic alternatives, but I think with a disease like this in particular, there are a lot. And **[Participant 3]** described it, laxatives, Miralax, other things, diet, I mean, it's not just one medication, that silver bullet that takes care of it. I mean, it's a continuum of different lifestyle changes and behavioral changes and medication, diet, stress relief, a lot of things that people have to do to manage this illness.

00:35:13

Participant 1 (registered as a representative of a patient advocacy organization)

Right. And I think it's important that once somebody finds something that works, that they're able to stick with that until it doesn't work and because this is too big a lifetime issue to mess with something that's working right, and I do think what **[Participant 2]** said is, it's the over-the-counter and non-prescription things.

I have tried so many different styles of applying it and do this on Tuesday and that on Wednesday, and my daughter jumped through hoops with the docs to try and find something that worked and do a full clean out over a month, and then everything will be fine, and so none of that stuff, the only thing that I know of that you can take on a regular basis, that's over-the-counter was stool softeners. And I was actually doing that on an everyday basis, because all the other things, maybe Miralax you can take every day, but most of the other things, you're not supposed to take forever. And I was on stool softeners when I had this episode three weeks ago, when I went into the hospital. So, the fact that the doctor is now gonna put me on Linzess, I am so thrilled to try it and see if this will manage everything for me. So, I am happy it is there and an opportunity to manage this. But for my daughter, as I said before, she's using it, started at a lower level, and immediately that didn't work. Had to bump up the prescription. And now she's managing better, but it's still not the end-all, be-all, so always hoping for something even better in the future.

00:37:17

Moderator, RTI International

Yeah, and we'll definitely dive more in Linzess here in just a moment.

In terms of things that matter, is it important, for instance, the side effects of the drug? Is that an important consideration? **[Participant 3]**, I see you nodding your head.

00:37:32

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Yeah. So, a lot of the ways to combat constipation is going to give you a side effect of diarrhea. And honestly, you know, I actually was just working, had a patient focus group about a different topic. But one of the things that two people with IBS-C said is turning around and giving me 20 bowel movements a day that are super, super watery is not giving me my life back.

Right, like sometimes doctors think, all right, so no constipation. We'll just keep you completely loose. [T]hose side effects are, maybe those can be worse or just as bad. And so, I think side effects are important. I think that if the drug works on the constipation without giving, and speaking just specifically about constipation, without giving you excessive diarrhea, and there are other sort of side effects that might come along I think that aren't bowel-related. I would have to see what those are, I think I would be able to stomach those a lot better, no pun intended, than swapping from C to D, right? That, to me, is probably the worst side effect of most drugs with constipation that I've tried, and that people talk about.

00:38:52

Participant 1 (registered as a representative of a patient advocacy organization)

Well, I obviously think they matter. They always matter because you have to live with those, too. But it just depends on what they are. But I would agree that watery stool is not a resolution to constipation.

00:39:16

Moderator, RTI International

Another question is about if it matters, is how it's taken. So a drug could be like a pill format. It could be an injection you give yourself. It could be something you go into like an infusion center and sit for a couple of hours once a month. Does it matter? Is it important about how the drug is taken?

00:39:37

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Easier is better, right? So, if I could take a pill once a day or twice a day versus having to sit in an infusion center for a couple of hours, or having to stick myself with a needle, which I hate to do, I think easier is better. So, for me, a pill, I would much more welcome doing that, even if I have to do it two or three times a day versus an injection, which scares me, or an infusion which I sit with a friend of mine in the infusion clinic every three weeks for her cancer, and it's a whole day.

Right? So, I think that that is absolutely the worst, the last option. Obviously, if it gives relief, you do what you have to do. But if I had a choice, I would definitely say that the pill is better. I like that better even than liquids, because liquids, you just never know. Sometimes they, honestly, they make me feel nauseous, medicine, that mediciney taste so—

00:40:31

Participant 1 (registered as a representative of a patient advocacy organization)

Completely agree.

00:40:33

Participant 2 (registered as a representative of a patient advocacy organization and caregiver)

Yeah. And I was gonna say for a lot of people in Medicare giving themselves shots, if you have arthritis and other things, is very difficult. And then for infusions, it's really hard for anyone without secure transportation. Living in a rural area where those travel times are really difficult.

00:40:52

Moderator, RTI International

Okay.

[Participant 3] first, CIC, any differences that you would see in terms of what's important or what matters in the medication for constipation from CIC? Any differences from IBS? Might be the same.

00:41:08

Participant 3 (registered as a patient and representative of a patient advocacy organization)

I think they're the same. I think consistency is very important, regulating and having a more consistent bowel schedule for IBS or for CIC is that so, that control of knowing that you're going to be in a better routine. Your body's in a better rhythm with your bowel movements. I think, for the CIC, here's really nothing that's overwhelmingly different. I mean, less, of course, because IBS, you want the pain to go away as well.

But with the CIC, you're really looking for a consistency in your bowel habits, so that you're going regularly and not getting backed up.

00:41:54

Moderator, RTI International

All right. And then do we still have **[Participant 4]**? I wonder if she has left us?

Going to see—okay, there you are. Okay.

00:42:01

Participant 4 (registered as a representative of a patient advocacy organization)

Yes, I'm here and actually wanted, when we are done with questions, I wanted to mention the benefit-risk balance of the drug, the clinical evidence from that. But I just want to respect the flow that you have right there. And I really feel for all the suffering and inconvenience caused by these chronic diseases. So, I just want to respect the—

00:42:29

Moderator, RTI International

Thanks, **[Participant 4]**. Yeah. So, today, we're gonna be focusing mostly on the patient perspective. So it won't be as clinical and policy related. But it's more on the patient perspective. But if we have time at the end, we can talk about that.

Okay. So, we talked big picture, we talked about the impact on your life from constipation IBS or CIC. We've talked about what matters to you and medications that treat it.

I want to now drill down and focus specifically on Linzess and talk about experiences taking Linzess. So, first, what do you all feel are the main benefits that you, your loved ones, or patients

have experienced with Linzess? Again, some of the main benefits that should be experienced with Linzess for loved ones or patients?

00:43:25

Participant 1 (registered as a representative of a patient advocacy organization)

Well, speaking for my child, I know she complains much less about bloating and pain and constipation, and is much more comfortable just being out and about and going to school and everything she has to get done. And it's not the center of her world right at the moment. And that is a wonderful thing.

00:43:59

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Yeah, I think that for most people who take Linzess, it's not a lifeline for them, but it's very, very important to them, and knowing that they can sort of have their lives back, that they feel like they are doing something proactive that's making a difference by taking this medication every day. That is helping a lot of people after a while. I think in the beginning with Linzess, you can have some pretty erratic bowel movements. I know with me it was that way, and then it sort of evens out. And then, sort of like this, you start feeling better, you just feel better. And research says that there's a pain component to Linzess that's not in some of the others, and maybe that's why people feel better. And I know, **[Participant 1]** said her daughter complains less about pain being on Linzess, and I hear that a lot as well.

In full transparency, I'm no longer taking Linzess. I did take it. It wasn't as effective for me as some of the other treatments. But it did help when I was taking it. So, I'm taking something different now. But I will say that with Linzess, it's sort of that you're getting a better cadence, I think, to your life, and it becomes more manageable.

00:45:21

Moderator, RTI International

Tell me a little bit more about what you mean by that. You said, mentioning getting your life back, or better cadence. Tell me a little bit more about that.

00:45:28

Participant 3 (registered as a patient and representative of a patient advocacy organization)

So, the worst thing about IBS and this is C or D, the worst thing is the unpredictability of the disease, those very severe episodes, and a lot of times it's like someone has just sucker punched you, right? Like you weren't expecting it. You're going along, and all of a sudden you're like, oh, my God, it's bad. Now, some days you wake up in the morning, and you have great plans for the day, and you're laying in the bed, and you're like nope, not today.

But it's that unpredictability, right? It's not knowing that I can make plans for Saturday and know for a fact that I am going to be a hundred percent on Saturday. I think when you're taking any medication that works for you, something that is working for you, that you get less of that, you get better rhythm in your life of knowing that a little more predictability of I feel better, right? And sometimes with most people when they're on Linzess, even the episodes are not as severe, so maybe they may have a day that they don't feel well, but they don't feel like they are going to have to crash in the bed and lay there curled in a ball. So, I think that for, for most people I know that take Linzess, that's sort of like, it didn't get rid of it. It's not a magic pill, but it makes it better.

00:46:53

Moderator, RTI International

That's helpful. Thanks, **[Participant 3]**.

00:46:55

Participant 4 (registered as a representative of a patient advocacy organization)

Maybe it's a good time for me here to interject?

00:46:58

Moderator, RTI International

Yeah. Go ahead, **[Participant 4]**.

00:46:59

Participant 4 (registered as a representative of a patient advocacy organization)

So, basically, I was looking at the label, the drug label, which is the document from the drugs at the FDA about the information that the drug maker put out there about the efficacy of the drug versus its adverse effects. So, 20% of people who take this drug develop diarrhea, 20%. In contrast, we're looking at people who benefit. There are basically four clinical trials conducted to support the approval of this drug, two of them was in chronic constipation, idiopathic constipation. And then the other condition is IBS-C. In contrast, if we look at IBS-C, about 88% of the people did not benefit, did not benefit from the drug. Only 12% reported a combined responder benefit.

So that number is like one in 83. And if we dig deeper in terms of the reported, what the manufacturer said about the effect of the drug. If the components of this combined responder, it has two components, so the subject has to, participants in clinical trials had to say, to improve on both of those two. The first one is abdominal pain response, so the response has to be 30% or more from baseline at 12 weeks. These trials were short term, 12 weeks to six months maximum. So, they're, the response, and that they said, it's 30% or more. But if you look at the scale that translated to one point improvement in a 10-point, an 11-point pain scale.

If we look at the bowel movement, which they call it complete spontaneous bowel movement. The improvement in one week was about the extra, the people to enroll in these trials had to have about less than three complete bowel movements, spontaneous bowel movements per week. So, for them to benefit, they had to have three plus one extra and overall, the improvement in both trials was 1.5 complete spontaneous bowel movement per week.

So that translates to really that the drug is not working that well, according to the evidence presented. I know that it might have worked for some people, 8%. But I'm wondering how, about the other 88% who did not respond to that, to this drug in clinical trials. We have to keep that in mind as we investigate this drug. And also, there are other risks, I mean diarrhea that can be severe diarrhea. Certain people, and there are other risks that have not been well-reflected on the label. I was looking at the material that the FDA scientists put together for the agency to consider when they are approving a drug and ischemic colitis was specifically requested by one FDA reviewer, scientific reviewer, to be put on the label. That is not in the label right now. So, people do not know that this drug can predispose them to ischemic colitis. Instead, it says that can cause intestinal obstruction and that can lead to bleeding in the intestines.

And also, the drug is actually similar to a hormone called ghrelin, which is used, I mean, I may not say that correctly, it's ghrelin. So, the drug is similar to the hormone called ghrelin, which is about 15 amino acid peptides that actually exists in the body, in different organs in the body. And it's not that, the FDA did not request immunogenicity testing for this drug to see how does the drug affect the body in the long term, because there is evidence that the drug—

00:51:30

Moderator, RTI International

[Participant 4]?

00:51:30

Participant 4 (registered as a representative of a patient advocacy organization)

Yeah—

00:51:31

Moderator, RTI International

I'm sorry, I do have to ask other questions. I just wanna give a chance. But do you wanna, do you have, maybe give you 15 more seconds—

00:51:40

Participant 4 (registered as a representative of a patient advocacy organization)

Yes, I just want to say, in conclusion, I really sympathize with the effects of long-term illnesses we're dealing with. But the clinical evidence so far does not show that a net benefit for the risks admitted of this drug, and we have to keep that in mind when considering that, and listen to other people who have tried this drug and didn't work for them. What happened in that case? So that's all I have to say.

00:52:10

Moderator, RTI International

Thank you, **[Participant 4]**. I appreciate that.

So, we talked a little bit about the benefits of taking Linzess, and I now want to talk about some of the main drawbacks or challenges that you, your loved ones, have experienced taking Linzess and **[Participant 3]**, I know you've had experience taking, I think one other person has as well. What are some of the main challenges or drawbacks that you've had personally, or that your loved ones have told you about with Linzess?

00:52:39

Participant 3 (registered as a patient and representative of a patient advocacy organization)

For me, it was the diarrhea, for sure, I think, especially when I first started taking it. It was pretty bad, and had to go down in the, so, there's a couple of different dose options, and I ended up having to go down to a lower dose, and I still, when I was taking it, would skip days sometimes and so that was definitely a drawback. But for me it was better than taking laxatives and Miralax all the time, and I would just know my body and just skip a day. That is, again, I'm not taking it anymore. And it's obviously not the right drug for me personally, but I know that it works really well with other people, and I think that probably the first, especially when you first start to take it, and then you'll hear patients telling each other, just stick with it for a while, just because the first couple of weeks are

hard. You could really have some, your body adjusting to it. But then it is very successful, for many people that I've worked with, and if it isn't successful for someone, they just don't take it, right? They're like, I tried it. It was there. It was an option for me to try, and I tried it, and we are grateful to have that option to be able to try. For me, I found something that works better. And that's okay, too. But I think for the people that have tried it, and it works, it has been, it's given them a lot of their life back and some confidence to continue out in their daily life. And so, it's been very helpful from that perspective.

00:54:17

Moderator, RTI International

Yeah, **[Participant 1]**?

00:54:18

Participant 1 (registered as a representative of a patient advocacy organization)

So, we had a couple of times where we had trouble getting it, so she would go without. And that first day back on, she just made sure she was home in the morning, but on a continuing basis, no, in fact, the first dosage level didn't work for her. So, they had to increase it almost immediately. But, other than that, if there's a break she has that issue where she has to stay close to a toilet, but for a short period of time, otherwise it has worked well for her.

00:54:52

Moderator, RTI International

For your daughter? Okay.

So, we've talked about Linzess. I want to hear also about other medications other than Linzess that you, your loved ones have used in the past for constipation IBS or CIC. What are some other medications that you've used before?

00:55:15

Participant 3 (registered as a patient and representative of a patient advocacy organization)

So, for me in the beginning, we rolled the dice. So, basically, what **[Participant 1]** was talking about, I went to the digestive health aisle in the grocery store, I bought a bottle of everything that was on the shelf in different dosages. I made sure that the pills were different colors. I split them up between different bottles, and I had one in my office desk. I had one in my purse. I had one in my travel bag, for when I traveled, and every day, you know, you think about your day.

Did I poop today? Did I poop yesterday? Should I take this level of laxative, or should I just take a stool softener, or should I do nothing? And so, it's sort of that over-the-counter medication that I've done, and honestly, for me, it worked. It wasn't great, because sometimes you get surprises, because you take a laxative. And then the next morning you have diarrhea, because you probably really didn't need to take that. And it was something different in my body all the time. For me, what has been really successful has been actually Motegrity, which is actually for the CIC. But it keeps me moving. And so, that sort of, when I do have episodes of IBS, I feel like they're better than taking something that's for IBS-C, which in the past I used to take Amitiza, which is another drug that came out about the same time as Linzess, and that's what I was taking before I did Linzess. With the Amitiza, I had to modify daily. There were the eight milligram pills and the 24 milligram pills, and some days I would have to take a 24, and then some days I would take an eight. So, it wasn't great. My doctor and I had a really hard time sort of controlling my IBS with Amitiza because I felt like it

didn't react the same to Amitiza every day. So that was hard. The Linzess, it was more consistent with that. And then the Motegrity for me has actually been a better option. But that's just personally, that's just my body.

00:57:23

Moderator, RTI International

And actually, holding that thought, **[Participant 3]**, because I want to compare and contrast Linzess to other drugs in just a moment. But other drugs people are taking, either prescription or over-the-counter?

00:57:36

Participant 1 (registered as a representative of a patient advocacy organization)

So, over-the-counter for me, I haven't taken any prescription medication. I started complaining about this long ago, and there was never any answer except take a laxative, try a stool softener, drink more water, and so, I mostly stopped asking until, of course, you have a child with that problem. And then we pushed through. And I realized this was my problem, too. But, I didn't actually seek any help except try to manage it myself, but, as I said, with the stool softeners and laxative, anytime I thought there was a problem. Obviously, I miscalculated a while ago. But now I went to the doctor after that emergency visit and we are taking it seriously and managing it, and he's going to put me on the Linzess. Did not request it. That was his suggestion. But yeah, I found limited success with anything over-the-counter.

00:58:47

Moderator, RTI International

Okay.

00:58:48

Participant 1 (registered as a representative of a patient advocacy organization)

So, it might clear me out once, but if you're not paying attention you have to keep going back to it. Go on, **[Participant 2]**. I'm sorry.

00:58:58

Participant 2 (registered as a representative of a patient advocacy organization and caregiver)

No, no, **[Participant 1]**, I'm sorry. One thing I just wanted to point out that **[Participant 1]** talked about, and I think **[Participant 3]** hinted at earlier, too, is that it can take a long time for people to even know what's going on and get a proper diagnosis. So, people will, like you said, go down the aisle in the pharmacy and try many, many different things and experiment. And you want to talk about safety and risk. There's a lot of risk associated with that and combining it, and many people have multiple chronic conditions. So, maybe offsetting other things.

But I think it's also important to realize that when, that the diagnosis people are told, just eat more fiber or drink more water or both, or it can take a long time for people to find out what exactly is going on, and feel validated candidly, in terms of there is a medical condition here, a chronic condition that I'm dealing with, and then finding a treatment that works for them, and how important and that is, once they do. And Linzess isn't for everybody, as we've heard, but for people that it works for, to make sure that they still have access to it and can maintain that control moving forward. But I think that's an important part of the discussion that I just want to make sure that was

emphasized as well, because I've heard that, I know in listening to **[Participant 1]** and **[Participant 3]** it seems clear, but I just wanted to make sure that point was made.

01:00:25

Participant 1 (registered as a representative of a patient advocacy organization)

I don't want to tell everybody how old I was before I realized this wasn't the way everybody went to the bathroom.

01:00:34

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Yeah, I had constipation so badly, I had fissures and was bleeding, and thought everyone had fissures when they had a bowel movement, and that you would have bright red blood on your toilet paper because everyone did because I was 13.

So I think that that is an issue. I think that it was one of my good friends that finally looked at me and said, you have to go to the doctor, and I'm like, why? And she's like, because your stomach always hurts and you're always complaining, and there's something wrong, and you shouldn't feel this way. And I'm like, what? What do you mean? I'm supposed to feel this way. This is just how I feel. It's my normal. But my normal isn't normal, and I think that a lot of people, that's sort of where they end up until your normal is so unbearable that you know you have to go, or it puts you in the emergency room, right **[Participant 1]**? And then you're kind of slapped in the face with it. And the doctor going, this isn't normal, and we got to do something for you.

01:01:33

Moderator, RTI International

Okay. So, we've talked about Linzess, and then we've also talked about all these therapeutic alternatives available, either prescription or over-the-counter. And I wanna kind of compare these, which **[Participant 3]** had started us on just a moment ago. So, **[Participant 3]**, this will be a bit redundant.

But first, how do the benefits of these other medications differ from Linzess, so how are they better? So, how do the benefits of these therapy alternatives differ from Linzess?

01:02:10

Participant 3 (registered as a patient and representative of a patient advocacy organization)

So, for me, it's a very easy answer. I also have a very mild form of gastroparesis, so my stomach contents do not empty properly. The Motegrity that I'm taking actually speeds my entire GI tract up. So, I am less symptomatic with my gastroparesis, and I don't have as much upper pain when I eat. So, that's why, for me, that's the benefit, is that really is the only thing that works on both ends of my GI tract. I still had some issues with some diarrhea, with the Motegrity when I first started taking it. [I]t's not helping with the pain at all, as far as Linzess was a little bit better with that. But I feel like stem to stern, I feel better. So, for me, that's the difference. It's not a matter of whether or not Linzess worked or not. It was just more, this is just a better option for me all the way through.

01:03:11

Participant 1 (registered as a representative of a patient advocacy organization)

I think that's a great point that everyone's systems are different. And **[Participant 3]** has multiple issues, in her health, so someone else who doesn't have those same issues, or even if they have the same issues, their bodies react differently. It's why it's important to have options. And so, she could switch to another medication when the first didn't work, and I can't. And even over time, sometimes medications stop working for an individual. And so, it's important to have access to the next one, so that you know there's something that's going to help you out there, and it's critical to have those options.

01:03:56

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Absolutely. You know, I started like I said, with Amitiza, but that was so unpredictable with, I don't understand why I can take 8 milligrams every day, and then all of a sudden, I realize I haven't had a bowel movement in a week. And I'm like, why is it not working? And so then I try to up my dose, and then that works for a while, and then all of a sudden, I'm having diarrhea, and I'm having to cut it back again, and I don't know why my body reacted that way to the Amitiza, but the Linzess gave me more stability, and I took the low-level dose on that. And it was just like I didn't have those periods of constipation anymore.

Where on the Amitiza, I felt [inaudible] like I was rolling the dice with the prescription medication, the way I used to do with the over-the-counter medication of not knowing what dose I really needed with the Amitiza. So, I mean, that was the difference maybe between those two. So, like compare and contrast Linzess with Amitiza, compare and contrast with Motegrity.

I've tried other ones that just didn't work for me.

01:04:57

Moderator, RTI International

So, I think one of the points **[Participant 3]** is hammering home is that everyone's body is different.

And they'll respond different to one drug. One person will respond well to it, whereas another person may not. But even the same person, their response to the drug can also change over time, and it may work well beginning and not work well later. Does that sound accurate?

01:05:18

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Absolutely. I've also heard patients who said they tried Linzess, 10 years ago, and it didn't work for them. And then they got so desperate that they went to a different doctor, and this doctor was like, are you sure you don't want to try Linzess again, and then it works for them. And they're like I would have told you three months ago not to take Linzess, but I don't know why, but I feel better now, and the first time I took it, I didn't think it helped. So, I think that's true. Our bodies—age, maturity, hormones, lifestyle changes, what we're eating, our environment. You know, there's a whole bunch of things that make up who we are as a person, right, holistically, that it could impact how your body reacts to things.

01:06:07

Moderator, RTI International

Now, how did the drawbacks of these medications, these therapeutic alternatives differ from Linzess?

01:06:22

Participant 3 (registered as a patient and representative of a patient advocacy organization)

I mean the major drawback is the diarrhea, and they all have that.

So, you know, I think for me, I think it's just finding what works for you. I don't know that the drawbacks are better or worse on any of them. It depends on the person and how they react to the medication. I don't know, **[Participant 1]**. Maybe you feel differently.

01:06:49

Moderator, RTI International

Looks like **[Participant 1]** agrees.

01:06:50

Participant 1 (registered as a representative of a patient advocacy organization)

No, I think that's very reasonable.

01:06:55

Moderator, RTI International

I know I've heard this from **[Participant 3]**, and I think from **[Participant 1]** as well, but I'm gonna open it to the group, which is that, if you or your loved ones has tried multiple medications for constipation associated with IBS or CIC, what were some of the reasons why you changed those medications? And you all mentioned you've been, you've changed medications. Tell me a little bit more about why you did change your medications.

01:07:20

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Insurance.

01:07:21

Moderator, RTI International

Okay. **[Participant 3]**, tell me about insurance.

01:07:23

Participant 3 (registered as a patient and representative of a patient advocacy organization)

So, to be honest with you, I like the Motegrity, I went a year without taking it, because my insurance wouldn't cover it. And so, I tried other things there. I think that a lot of people would try more options if their insurance would cover it. There's also, where they're required to fail on certain drugs before they're allowed to take a different drug. And honestly, I'm going to be honest with you, I've tried a lot of things, and especially those over-the-counter things like **[Participant 1]** mentioned.

And when they start telling you, we can't give you a drug unless you fail on laxatives and Miralax, and this, that and the other, and then we'll allow you to try this drug. It's exhausting. It's exhausting.

So that's one where you just like, all right, well, just give me what you'll give me, and I'll do my best. I don't want to keep trying more things, honestly, I think insurance coverage dictates a lot of what we are able to take, instead of us knowing our bodies and knowing what we need to take.

01:08:35

Participant 1 (registered as a representative of a patient advocacy organization)

So yeah, getting Linzess, I've run into a couple of hurdles. First was, after about three months of my daughter being on the prescription, our pharmacist said to me, I can't provide this anymore. It's more expensive for me to buy it than anybody's paying me back for. So, she was taking a loss every time we ordered Linzess.

So then, the next thing is, you're sort of driven to go to their online pharmacy, which that worked. But then they switch online pharmacy. And so, in the process of all these changes, the copay for Linzess went from \$30 a month to \$70 a month. And so now, I'm going to be on it. So, I assume it'll be the same price for me. So, now we're talking about \$150 per month. There's a lot of families that can't do that. And I think the IBS and other problems along these lines tend to be in family groups. So, you're talking about multiple people who need support and help in this area. And that's a lot of money for a lot of people. So that was a big issue.

01:10:06

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Agree.

01:10:09

Moderator, RTI International

We'll now talk about—oh, sorry, go ahead.

01:10:11

Participant 2 (registered as a representative of a patient advocacy organization and caregiver)

Oh, sorry.

I was just gonna add to what **[Participant 3]** said is that prior authorization and the fail first policies are a real challenge, and especially because people have been dealing, and you've heard today, using over-the-counter products, going through the trial and error period to the point that they're like fine, you know, I am going to a specialist. I need something more, only to be told you have to start over and fail on all of these to finally get some relief. And that's a real challenge. And I know that we're not talking about policy today, but I know Medicare is taking more of a wait and see on the prior auth in anticipation of utilization management, is going to increase on these drugs. But I just would please listen to what people are saying, that they're already dealing with this and pushing that down the road can have real detrimental effects on people's lives.

01:11:14

Participant 1 (registered as a representative of a patient advocacy organization)

I agree, **[Participant 2]**, I want to say I was grateful we didn't have to jump through those hoops, because, honestly, there were plenty of hoops to jump through. I've been struggling with this for a

long time, and then they're just now considering getting me something that will work and getting it for my child was the same thing, hoops before we even got to the prescription, and then hoops after we got the prescription unrelated to prior auth. So, prior auth just puts barriers up that are insurmountable sometimes when you're ill, and there's so much on your plate, just trying to maintain a health that allows you to function and get to work and take care of your family, that we need to rely on our physicians more.

01:12:10

Participant 3 (registered as a patient and representative of a patient advocacy organization)

And the other thing about that, though, is that not all physicians are proactive and helping their patients access the medication. The number of patients that I speak to, they're like, well, I'm denied, I just can't get it. And I'm like, maybe you need a prior authorization. Or maybe, if there's a safe step protocol you need to go through, and they're like what? I'm like, you should talk to your doctor about these things. Your doctor didn't, didn't say anything? And they're like no, I told them, I couldn't get it, so they told me to try something else.

Because it's a lot of paperwork on their end, and people that are not as, have a lower health literacy, like they don't know what they don't know, and they don't know what to ask. And if you're in a rural community, or if you're elderly, especially the elderly, are just like, okay, doctor, whatever you say, and I think that we have a lot of issues of people not knowing how to advocate for themselves, and they don't even know that they need to be taught how to advocate for themselves. And so a lot of what happens with what medication you take in those circumstances is one, what does your doctor offer you? Because you're not researching on your own. You might see an ad on TV and ask about something. But otherwise, what is your doctor offering you? And then you go with that prescription to your pharmacy, and they say yes or no, and you can afford the copay, yes or no, right? And I think that for many people that is one of the biggest barriers to what they take and what they don't take.

And it's not a matter of, for some of them, it's just this, they don't know better, right? They don't know to say, wait a minute. Maybe I can still get this drug if I do something different.

The number of people that I've had to direct to these pharmaceutical company websites for their patient assistant programs and say, have you tried this as an option to get and not just, you know, not just with the IBS drugs, although I think the IBS drugs definitely have these strong programs. Especially the newer, like Motegrity, has a really good patient assistance program, because it is sort of newer.

Well, not as much now as a couple of years ago, when I was directing a lot of people, you know, like people don't know that the drug even exists, but I think that is probably the biggest barrier.

01:14:33

Moderator, RTI International

Okay.

My next question kind of ties back to what we were talking about at the top a little bit. And I want you all to imagine that there were no treatments available for constipation from IBS or from CIC.

What would it be like for someone who has either these two constipations, if Linzess or other medications for this drug were not available, what would their life be like?

01:15:06

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Well, it's what I lived with, right? I was in my mid-twenties, and I was lucky enough to have a primary care doctor, who diagnosed me with IBS pretty quickly after I went to see him, and then he sent me to a specialist who ran a bunch of tests, and then came back and said, congratulations. We know what you have. You have IBS, and there's nothing we can do for you.

Back then there were no approved medications on the market. And so, he basically said, eat more fiber, drink lots of water, and exercise. And good luck, don't come back. There's nothing I can do for you. And so, during this time I had a very small child. This is when we missed those birthday parties I mentioned. This is when Saturdays were horrendous for me, because I would do a full clean out on the weekend so that I could work. I was a single mom. I was working as a church secretary. It was awful.

And the thought of trying to self-manage that way was, for me, and I didn't know anything. I mean, I didn't know what a medical journal was, right? I was 25 years old and doing the best I could. Not having options back then was, it caused me to miss out on so much of my life, so much of my child's life growing up where Lion King was on repeat. Because that was the easiest thing I could do to make her happy while I wasn't feeling well. It was not good, and I think that having options like **[Participant 1]** said that I have been able to, lucky enough, I've been able to try several different medications that have worked, not worked. And I'm in a place where now, my symptoms are managed fairly well, is, it's amazing how different I feel physically, emotionally, the control I have back, the confidence that I have, thinking back to those days when there was nothing.

01:17:17

Moderator, RTI International

How did you cope back then, **[Participant 3]**?

01:17:23

Participant 3 (registered as a patient and representative of a patient advocacy organization)

So back then, I went to **[REDACTED]**, and they had a thing called Colon Cleanse. And let me tell you, it was awful. It literally, you take two of those, and the diarrhea was so bad, and it would just completely clean you out, and I would literally, Monday through Friday, eat very little. Very little, as minimal as possible. If I was hungry, take a couple bites until the hunger is gone and keep going, cause I did not want to have any food in me, so that I didn't have a bowel movement, so I didn't have the pain.

So, I didn't have to go back and forth to the office bathroom in front of everyone else who look at you strange. And then I would start my clean out on the weekends, and then the weekends were shot. Like we, there were no plans on the weekend, so that it was all about, I'm eating, I'm gonna eat pretty good. I'm gonna clean out, really well. And then on Monday morning, I'm gonna stop eating again, because if you don't poop it's better. And it was pretty bad. It was pretty bad.

01:18:29

Moderator, RTI International

So, you had to set your schedule around, prepare, prepping for the upcoming—Yeah.

01:18:34

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Oh, absolutely. My whole life revolved around ensuring that I minimize the episodes by just not eating during the week, so that I didn't have bowel movements, and cleaning out on the weekend. So, if I was backed up. If I had pain, you just pretended that you didn't. You know, you close your office door and say, I'm working on a big project right now. You can't come in here.

01:19:09

Participant 1 (registered as a representative of a patient advocacy organization)

Yeah, so I had a very similar experience. But, **[Participant 3]**, I think you handled things very well, but I mean better than I did, because I possibly should have done something more regimented. But you did, you worried all the time about when this was gonna happen, and yes, work. I always look for work situations where I had my own office.

I was lucky enough, though, that I was working from home even before the pandemic. So that was very helpful. And I was a single mom with a child, and my worst fear is that my child was going to suffer this way, too, and have her life curtailed by having IBS and having to manage daily her food and her bowel movements, and what she can do and can't do, and whether she could be with her friends in a swimsuit, or feel awful because she, and not able to do those things. And I mean, it's a mental health battle, too, when you have all this going on. So, I'm just grateful that there's options out there for people to be treated and think it's a wonderful, wonderful situation, and want to make sure everybody has access to find it, something that works for them, including my daughter.

01:20:48

Participant 3 (registered as a patient and representative of a patient advocacy organization)

I actually have two daughters, one has actually IBS-D [irritable bowel syndrome with diarrhea] and the other has CIC, and it was a motivating factor for me to learn more. And really, when my oldest daughter was diagnosed, that was, as I say and excuse me, but that's when **[REDACTED]** got real. And I wasn't even trying to do anything but self-manage until that moment, and I realized that I couldn't allow her to have the life that I had.

And then, when my youngest was born with CIC, and I mean born with it and suffered all through elementary school, it was horrendous, and it was just that motivating factor to, what can I do to try to make it better? And what can I learn? And how can I help? Because it's one thing when you're sick, right? But when your kids are sick, that's very different.

01:21:51

Moderator, RTI International

So, we were talking about what life would be without treatment options. But there are treatment options, thankfully.

That said, what aspects of constipation either from IBS or idiopathic, what aspects of constipation, if any, are Linzess and other medications unable to address?

01:22:22

Participant 3 (registered as a patient and representative of a patient advocacy organization)

I don't know, [inaudible], you think about IBS, it's less frequent bowel movements, it's hard pebble like stools. Feeling of incomplete evacuation. That might be the one thing that sometimes, even when I'm going regularly, I still feel like I'm not completely empty, and I still have a sensation that I have to go, even though that I know I've gone regularly for the week. But for the most part, I mean when you're looking at any of these drugs for IBS-C or CIC, they're moving things along.

They are keeping you in the bathroom. For sometimes, they're helping with the pain. I think some of the medications don't address pain, and that can be an issue for people with IBS-C. But I really can't think of a lot of things that they're not addressing other than just taking it away.

01:23:12

Moderator, RTI International

A cure, yeah.

01:23:13

Participant 3 (registered as a patient and representative of a patient advocacy organization)

A cure, yes.

01:23:17

Moderator, RTI International

[Participant 1], did you want to add anything, or **[Participant 2]**?

01:23:21

Participant 1 (registered as a representative of a patient advocacy organization)

No, I think that's, she said it well.

01:23:25

Participant 2 (registered as a representative of a patient advocacy organization and caregiver)

Only yeah, the other thing I was going to add is that and you're hearing it some today is how women are disproportionately affected. I mean, you're hearing about mothers with their daughters, but I think it's twice as prevalent in women than as men, and I know that's a big issue for the Medicare population in particular. But also, you heard how stressful this disease is, and unfortunately stress exacerbates the symptoms. So that also can be really challenging, too. So, being able to get that control that Linzess or other medications may offer can help to reduce the stress, and reduce episodes and the frequency of episodes for that reason, as well.

01:24:06

Moderator, RTI International

All right.

So those are all the questions I have. But I want to take a moment to pause and ask you all if there's anything else that wasn't covered in our discussion today that you feel is important to share with CMS? As I mentioned they're on listening, so, what else do you think is important to share today?

01:24:30

Participant 3 (registered as a patient and representative of a patient advocacy organization)

I think what **[Participant 1]** has said multiple times, it's just access to multiple medications is important to this population. And you know, I think that for us, if the IFFGD [International Foundation for Gastrointestinal Disorders] did a survey with IBS patients a couple decades ago and we asked them about, what would you, what are you willing to risk, to have relief?

And people were willing to shorten their lives, like, take 10 years off my life if you can make me feel better. And this is a published research article, and it just kind of goes to show how desperate this community is to be able to have something that helps them and having options. Because, you know, I've tried multiple things and not everything works for every person. So, knowing that you can have an option that there are multiple things that you can try to try to get your life back.

And having these available and affordable is so important. And, like **[Participant 1]** said, when the copays go up and your income is not going up proportionally, that can be very difficult for a lot of Americans. And there are many people in the American population that can't afford the medications at the price points that they are. And so, I think access affordability and options would be the three things that I wish CMS would really take home from this, because, IBS is extremely prevalent. It's one of the most common GI [gastrointestinal] conditions in the world.

And millions of Americans suffer. And so having that affordability, access, and I think that's important. And options.

01:26:18

Moderator, RTI International

Thanks, **[Participant 3]**.

Others? More things to share? Yeah, **[Participant 1]**.

01:26:22

Participant 1 (registered as a representative of a patient advocacy organization)

I absolutely agree with that. But I'd like to go back and reiterate something **[Participant 2]** said about, you know, I'm an advocate, and I have not pushed for my health in this, and I'm better informed than most people. And they don't understand step therapy, prior authorizations of other types. They don't understand what's available to them, what they should be hearing from their physician, what it means when they go to the counter, or that they may get a price point that they are not familiar with. There's so many steps in the health care system that those of us who are in some way touched upon it, understand better than the population does. Every one of those things puts up barriers for the general public in accessing the health care and the medications and treatments that they need. And I think it's just very important to always be aware of that it's—

And the other thing is that, they're all sick. If they're looking for these things, they're sick. And don't have the resources to travel. Don't have the funds to pay for huge things. So just to always try and put ourselves in someone else's position as we're making choices about health care and sharing information. And again, I like **[Participant 3]**'s three items. I thought those were very pertinent.

So, thank you, [inaudible], thank you very much for asking us to talk about these issues. I'm very appreciative that we had chance to share these things with CMS and you, **[MODERATOR]**, and **[SECONDARY MODERATOR]**, for being—

01:28:15

Moderator, RTI International

Thanks, **[Participant 1]**. Thanks, **[Participant 1]**. I appreciate it.

Any others, folks that you want to share is important for CMS to know?

01:28:23

Participant 2 (registered as a representative of a patient advocacy organization and caregiver)

Just two quick things. Just building off some of what both **[Participant 3]** and **[Participant 1]** said. And this is more policy, so, just forewarning. I understand that CMS has the authority to, has adopted more of a wait and see approach on utilization management. You've heard today how access is so important, and how barriers to access create unnecessary suffering and debilitation. So, I just would encourage CMS to really take a close look and not wait and see, but make sure that step therapy and fail first policies and the like are not put in place, and that access is promoted and supported throughout the program for these medicines that you're looking at.

And the other issue was shortages. I had not realized that Linzess was already creating challenges for pharmacies in terms of them losing money. But I know that the Community Pharmacists Association has already put out a report raising concerns about IRA negotiated drugs specifically down the road. But if this is already a problem, I would just strongly urge you to take a look at that and make sure that people do have access in their community pharmacy so that they can, if this is the drug for them, still maintain the access to be able to have that continuity of care that's so important.

01:29:48

Participant 1 (registered as a representative of a patient advocacy organization)

Right. Yes, thank you, **[Participant 2]**. Because that was a big deal. It means that for me, and I have a car, and I can get where I need to go. But now I have to do something online to get one medication, and I go to my pharmacy for other medications, and it creates problems. And that poor pharmacist felt so bad sharing that with me that they couldn't provide what I needed or my daughter needed, but it was, how can you have a business if you're getting paid less than you paid for the medication. It's a very disturbing situation.

01:30:34

Moderator, RTI International

Right. So, thank you all. **[Participant 4]**, did you want to say something? You can have about 30 seconds.

01:30:40

Participant 4 (registered as a representative of a patient advocacy organization)

I just want to echo. I want to echo this sentiment that it's important to really have drug prices affordable. It's really critical. But at the same time, we have to look at the evidence. This drug has been on the market since 2012, but based on our system, unfortunately, the benefit-risk ratio for that is not as strong as it should be. That doesn't mean that discounting the patient experiences and encounters discussed today. But at the end of the day, there has to be demonstrable effect for the drug, and we have to know more about the risks. Something that we do in our work, it often takes many years before we understand the full risk of these products. So, at the end of the day

we're dealing with a new molecule here, a new drug that we don't quite know how long term behaves in the body. The studies were limited short term for this drug, and it hasn't been compared to other laxatives. So, we have to keep that in mind. And when we consider which drugs are more important, I know it's a limited number of drugs can be negotiated. So, we have to keep that in mind for CMS when it's considering. And thank you for the opportunity to invite us today for this session.

Closing Remarks

01:32:06

Moderator, RTI International

And thank you again for all of you for being in today's group. We appreciate you taking the time to talk with us and today, and your experiences and input were very valuable and will help inform CMS' negotiations for these drugs. CMS staff, like I mentioned, have been listening in to the roundtable, and we'd be able to provide and bring your perspective back to their teams. And, [CMS STAFF], I see you're with us. I just want to see if you had any final thoughts before we adjourn.

01:32:34

CMS Staff

I just wanted to thank everybody on behalf of CMS and on behalf of my colleagues on this call, you know. Thanks for sharing your experiences and the experiences of the patient communities you represent. We really greatly appreciate your time and your candor and just sharing your experiences on this call with us. We've heard you, and we will be thinking of your comments, so appreciate you.

01:32:57

Moderator, RTI International

Thank you, [CMS STAFF].

01:32:58

Participant 1 (registered as a representative of a patient advocacy organization)

Thank you.

01:32:59

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Thank you guys, so much, we really appreciate it. That we've given this opportunity and that you're listening, and that you're not just reading a transcript. You actually took the time, hour and a half to actually sit at your computer and listen to us talk about.

01:33:13

Participant 1 (registered as a representative of a patient advocacy organization)

Yes, thank you very much.

01:33:16

Moderator, RTI International

And if you have any questions following today's session, there's an email address here on this slide, IRARebateAndNegotiation@cms.hhs.gov. And then send an email with the subject line, public engagement events. That's the email address if you have additional questions. But that's all I have

for you all today. Again, thank you so much for your time and for sharing your experiences and stories. We really appreciate it.

01:33:47

Participant 2 (registered as a representative of a patient advocacy organization and caregiver)

Thank you.

01:33:48

Moderator, RTI International

Bye.

01:33:49

Participant 3 (registered as a patient and representative of a patient advocacy organization)

Thank you.

=== END OF TRANSCRIPT ===

For a list of the drugs selected for the second cycle of the Medicare Drug Price Negotiation Program, click on the following link: <https://www.cms.gov/files/document/factsheet-medicare-negotiation-selected-drug-list-ipay-2027.pdf>

For more information on the Medicare Drug Price Negotiation Program, please click on the following link: <https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program>

Appendix

Participant 1: Registered as a representative of a patient advocacy organization

Declared Conflicts of Interest	
No	Receipt of financial payments (e.g., gifts, funding, research support, honoraria, travel, or other expenses) from a company with direct/indirect interest in the Negotiation Program, in excess of \$10,000 by you, your spouse, or an immediate family member
No	Direct assistance preparing your remarks from someone who is NOT a family member, caregiver, friend, or your healthcare provider
No	You, your spouse, or an immediate family member is employed by or holds equity interest (stock or ownership interest) in excess of \$10,000 in a company or related association with direct or indirect interest in the Negotiation Program
Yes	Any other personal or professional relationship or interaction with a company or related association with direct or indirect interest in the Negotiation Program that may be considered a financial conflict of interest

Participant 2: Registered as a representative of a patient advocacy organization; a caregiver for an individual who has experience with the selected drug, the condition(s) treated by the selected drug, or other treatment(s) similar to the selected drug for those condition(s)

Declared Conflicts of Interest	
No	Receipt of financial payments (e.g., gifts, funding, research support, honoraria, travel, or other expenses) from a company with direct/indirect interest in the Negotiation Program, in excess of \$10,000 by you, your spouse, or an immediate family member
No	Direct assistance preparing your remarks from someone who is NOT a family member, caregiver, friend, or your healthcare provider
No	You, your spouse, or an immediate family member is employed by or holds equity interest (stock or ownership interest) in excess of \$10,000 in a company or related association with direct or indirect interest in the Negotiation Program
Yes	Any other personal or professional relationship or interaction with a company or related association with direct or indirect interest in the Negotiation Program that may be considered a financial conflict of interest

Participant 3: Registered as a patient who has experience with the selected drug; a patient who has experience with the condition(s) treated by the selected drug; a patient with experience with other treatment(s) similar to the selected drug for those condition(s); a representative of a patient advocacy organization

Declared Conflicts of Interest	
No	Receipt of financial payments (e.g., gifts, funding, research support, honoraria, travel, or other expenses) from a company with direct/indirect interest in the Negotiation Program, in excess of \$10,000 by you, your spouse, or an immediate family member
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Yes	Any other personal or professional relationship or interaction with a company or related association with direct or indirect interest in the Negotiation Program that may be considered a financial conflict of interest

Participant 4: Registered as a representative of a patient advocacy organization

Declared Conflicts of Interest	
No	Receipt of financial payments (e.g., gifts, funding, research support, honoraria, travel, or other expenses) from a company with direct/indirect interest in the Negotiation Program, in excess of \$10,000 by you, your spouse, or an immediate family member
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