



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	February 27, 2024

## IBSRELA<sup>®</sup> (tenapanor)

**LENGTH OF AUTHORIZATION:** Up to one year

**INITIAL REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years of age.
- Must have a diagnosis of irritable bowel syndrome with constipation (IBS-C).
- Documentation of trial and failure to an osmotic laxative (e.g. PEG 3350) **or** a stimulant laxative (e.g. bisacodyl)
- Documentation of trial and failure to Lactulose.
- Documentation of trial and failure to Amitiza **or** Linzess.
- Patient must not have known or suspected mechanical gastrointestinal obstruction.

**CONTINUATION OF THERAPY:**

- Patient met initial review criteria.
- Documentation of positive clinical response.
- Dosing is appropriate as per labeling or is supported by compendia.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as: 50 mg tablets