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

IBSRELA® (tenapanor)

LENGTH OF AUTHORIZATION: Up to one year

INITIAL REVIEW CRITERIA:

- Patient must be ≥ 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