

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Tenapanor (Ibsrela)

#### Notes:

- Quantity Limits: Yes

#### **Initiation (new start) criteria and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:**

Non-formulary **tenapanor (Ibsrela)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of irritable bowel syndrome with constipation (IBS-C)
- Patient is at least 18 years old
- Prescriber is a Gastroenterologist
- Patient is intolerant to, has a contraindication to, or had an inadequate response to at least 4 weeks of scheduled doses of the following medications:
  - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
  - Polyethylene glycol (MiraLAX/ClearLax)
  - Lubiprostone (Amitiza)
  - Plecanatide (Trulance) (criteria based)
  - Linaclotide (Linzess) (criteria based)

#### **Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:**

Non-formulary **tenapanor (Ibsrela)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of irritable bowel syndrome with constipation (IBS-C)
- Patient is at least 18 years old
- Prescriber is a Gastroenterologist
- Patient is intolerant to, has a contraindication to, or had an inadequate response to scheduled doses of the following medications:
  - Fiber supplement: Psyllium fiber (Metamucil, Konsyl) or methylcellulose (Citrucel)
  - Polyethylene glycol (MiraLAX/ClearLax)
  - Lubiprostone (Amitiza)
  - Plecanatide (Trulance) (criteria based)
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