



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

TENAPANOR

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TENAPANOR HCL	IBSRELA	46009		GPI-10 (5255858010)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of irritable bowel syndrome with constipation (IBS-C) and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient had a trial of the preferred agents: lubiprostone AND Linzess

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **TENAPANOR (lbsrela)** requires the following rule(s) be met for approval:

- A. You have irritable bowel syndrome with constipation (IBS-C: a type of bowel disease)
- B. You are 18 years of age or older
- C. You had a trial of the preferred agents: lubiprostone AND Linzess

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Ibsrela.

**REFERENCES**

- Ibsrela [Prescribing Information]. Waltham, MA: Ardelyx, Inc.; April 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/01/22

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P&T Approval: 04/22