

**IBSRELA  
(tenapanor)**

## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

Irritable bowel syndrome with constipation (IBS-C)

**AND ALL** of the following:

- a. Inadequate response to **ALL** of the following laxative therapies:
  - i. Bulk-forming laxative [e.g., psyllium (Metamucil)]
  - ii. Stimulant laxative [e.g., senna (Senokot)]
  - iii. Osmotic laxative [e.g., polyethylene glycol 3350 (Miralax)]
- b. Absence of gastrointestinal obstruction
- c. **NO** dual therapy with other legend constipation medications (see Appendix 1)
- d. Patient **MUST** have completed an adequate 3-month trial of the preferred product (Linzess) unless the patient has a valid medical exception (e.g., intolerance, contraindication)

## **Prior - Approval Limits**

**Quantity** 180 tablets per 90 days

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

Irritable bowel syndrome with constipation (IBS-C)



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**AND ALL** of the following:

- a. Improvement in constipation symptoms
- b. Absence of gastrointestinal obstruction
- c. **NO** dual therapy with other legend constipation medications (see Appendix 1)
- d. Patient **MUST** have completed an adequate 3-month trial of the preferred product (Linzess) unless the patient has a valid medical exception (e.g., intolerance, contraindication)

**Prior - Approval *Renewal* Limits**

Same as above

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**Appendix 1 - List of Legend Constipation Medications**

Generic Name	Brand Name
linaclotide	Linzess
lubiprostone	Amitiza
methylnaltrexone	Relistor
naldemedine	Symproic
naloxegol	Movantik
plecanatide	Trulance
prucalopride	Motegrity
tenapanor	Ibsrela