

This document applies to the following:

Formulary	Applies
Advanced Control (ACF)	<input checked="" type="checkbox"/>
Advanced Control Formulary Chart (ACFC)	<input checked="" type="checkbox"/>
Advanced Control – Choice (ACCF)	<input checked="" type="checkbox"/>
Basic Control (BC)	<input type="checkbox"/>
Basic Control Chart (BCC)	<input type="checkbox"/>
Standard Control (SF)	<input checked="" type="checkbox"/>
Standard Control Formulary Chart (SFC)	<input checked="" type="checkbox"/>
Standard Control – Choice (SCCF)	<input checked="" type="checkbox"/>
Value (VF)	<input checked="" type="checkbox"/>
Value Formulary Chart (VFC)	<input checked="" type="checkbox"/>

Formulary	Applies
Managed Medicaid Template (MMT)	<input type="checkbox"/>
Marketplace (MF)	<input type="checkbox"/>
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	<input type="checkbox"/>
Aetna Individual Lives (IVL)	<input type="checkbox"/>
Aetna Fully Insured Advanced Control Formulary (Aetna FI ACF)	<input checked="" type="checkbox"/>
Aetna Fully Insured Advanced Control Formulary Chart (Aetna FI ACFC)	<input checked="" type="checkbox"/>
Aetna Fully Insured Standard Opt-Out (Aetna FI SOO)	<input type="checkbox"/>

Exception Criteria

Ibsrela

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Ibsrela	tenapanor

Indications

FDA-approved Indications

Ibsrela is indicated for treatment of irritable bowel syndrome with constipation (IBS-C) in adults.

Coverage Criteria

Irritable Bowel Syndrome with Constipation (IBS-C)

Authorization may be granted when the requested drug is being prescribed for the treatment of irritable bowel syndrome with constipation (IBS-C) in an adult patient when ALL of the following criteria are met:

- The patient cannot be treated with a formulary alternative [Available Formulary Alternatives: Linzess, Amitiza (lubiprostone)].
- The patient has experienced an inadequate treatment response, intolerance, or has a clinical reason to avoid Linzess AND Amitiza (lubiprostone). [ACTION REQUIRED: Documentation is required for approval.]
- The patient has recurrent abdominal pain on average at least one day per week in the last 3 months with symptom onset at least 6 months prior to diagnosis. [ACTION REQUIRED: Documentation is required for approval.]
- The patient's recurrent abdominal pain is associated with at least TWO of the following: related to defecation, associated with a change in frequency of stool, associated with a change in form (appearance) of stool. [ACTION REQUIRED: Documentation is required for approval.]
- The patient has experienced greater than 25 percent of bowel movements with Bristol stool types 1 or 2. [ACTION REQUIRED: Documentation is required for approval.] [NOTE: Bowel habit subtypes should be based only on days with abnormal bowel movements.]
- The patient has experienced less than 25 percent of bowel movements with Bristol stool types 6 or 7. [ACTION REQUIRED: Documentation is required for approval.] [NOTE: Bowel habit subtypes should be based only on days with abnormal bowel movements.]

Duration of Approval (DOA)

- 7164-A: DOA: 12 months

References

1. Ibsrela [package insert]. Waltham, MA: Ardelyx, Inc.; May 2025.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. <https://online.lexi.com>. Accessed September 10, 2025.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 09/10/2025).
4. ROME IV Diagnostic Criteria for Disorders of Gut-Brain Interaction (DGBI). January 2016. Available at: <https://theromefoundation.org/rome-iv/rome-iv-criteria/>. Accessed on September 10, 2025.