

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**IBSRELA**  
(tenapanor)

**Status:** CVS Caremark Criteria

**Type:** Initial Prior Authorization

## POLICY

### FDA-APPROVED INDICATIONS

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

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of irritable bowel syndrome with constipation (IBS-C) in an adult

### REFERENCES

1. Ibsrela [package insert]. Fremont, CA: Ardelyx, Inc.; September 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed August 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed August 2020.