POLICY NAME Tenapanor Products POLICY # 3119P

Criteria		
Coverage Criteria for Irritable Bowel Syndrome – Constipation (Ibsrela)		
	Diagnosis of irritable bowel syndrome with constipation (IBS-C)	
	Age 18 years or older	
	Documented trial and failure of, or contraindication to Amitiza AND Linzess	
Cov	Coverage Criteria for Hyperphosphatemia (Xphozah)	
	Diagnosis of chronic hyperphosphatemia in patients with chronic kidney disease on dialysis	
	Age 18 years or older	
	Prescribed by or in consultation with a nephrologist (kidney doctor)	
	Documented minimum 30-day supply trial and failure, or contraindication to phosphate binders (such as calcium acetate, sevelamer, lanthanum, etc)	
	Documented minimum 30-day supply trial and failure, or contraindication to Velphoro	
Exc	Exclusion Criteria – Any of the following prevents coverage	
	Patients with known or suspected mechanical gastrointestinal obstruction	