

## **Pharmacy Drug Policy Checklist**

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
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)
<ul> <li>Documented minimum 30-day supply trial and failure, or contraindication to phosphate binders (such as calcium acetate, sevelamer, lanthanum, etc)</li> </ul>
☐ Documented minimum 30-day supply trial and failure, or contraindication to Velphoro
Exclusion Criteria – Any of the following prevents coverage
Patients with known or suspected mechanical gastrointestinal obstruction