

POLICY NAME

Tenapanor Products

POLICY #

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ 3.1 Patients with known or suspected mechanical gastrointestinal obstruction

Coverage Criteria for Irritable Bowel Syndrome – Constipation (Ibsrela)

- ☐ 1.1 Diagnosis of irritable bowel syndrome with constipation (IBS-C)
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Documented trial and failure of, or contraindication to Amitiza AND Linzess

Coverage Criteria for Hyperphosphatemia (Xphozah)

- ☐ 2.1 Diagnosis of chronic hyperphosphatemia in patients with chronic kidney disease on dialysis
- ☐ 2.2 Age 18 years or older
- ☐ 2.3 Prescribed by or in consultation with a nephrologist (kidney doctor)
- ☐ 2.4 Documented minimum 30-day supply trial and failure, or contraindication to phosphate binders (such as calcium acetate, sevelamer, lanthanum, etc)
- ☐ 2.5 Documented minimum 30-day supply trial and failure, or contraindication to Velphoro