

Policy Name:	Ibsrela (tenapanor)	Policy#:	3119P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Ibsrela (tenapanor).

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Ibsrela (tenapanor) under the pharmacy benefit if the following criteria are met.

Criteria

1. Coverage Criteria

- 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

2. Exclusion Criteria

- 2.1 Patients with known or suspected mechanical gastrointestinal obstruction

3. Approval Period

- 3.1 Initial: 12 months
- 3.2 Subsequent Approvals: 12 months with documentation of positive response to therapy

CPT Codes

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HCPCS Codes

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References

1. Ibsrela [prescribing information]. Waltham, MA: Ardelyx Inc; April 2022.
2. Chang L, Sultan S, Lembo A, et al. American Gastroenterological Association Institute Clinical Practice Guideline on the Pharmacological Management of Irritable Bowel Syndrome With Constipation. *Gastroenterology* 2022;163: 118–136.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.