



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Zelnorm™ (tegaserod)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be a female, age 18-65 years old
- Member must not have a history of MI, stroke, TIA or angina
- Diagnosis of irritable bowel syndrome with constipation (IBS-C) is required
- Member must have been unsuccessful with documented treatment with a stimulant laxative (i.e., senna, bisacodyl) AND lactulose

Limitations:

- Maximum dose allowed is 2.0 tablets daily