



**Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria**

Ibsrela™ (tenapanor)

**Review Criteria**

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be at least 18 years of age.
- Member must have a diagnosis of irritable bowel syndrome with constipation (IBS-C).
- Member must have been unsuccessful with documented treatment with at least ONE (1) osmotic laxative (i.e., polyethylene glycol, lactulose, etc.).

Limitations:

- Dose limited to 50mg twice daily (100mg total).
- Coverage duration granted for 1 year.