

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Tenapanor (Xphozah)

Notes:

- Quantity Limits: Yes
- Contraindicated in patients less than 6 years of age and patients with known or suspected mechanical gastrointestinal obstruction
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- ^ Adequate trial is at the discretion of the prescriber pending the phosphorus level or intolerance to the medication

Initiation (new start) criteria, Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **tenapanor (Xphozah)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescription is written by a Nephrologist
- Patient has failed an adequate trial of or patient has an allergy or intolerance to sevelamer carbonate (Renvela) and lanthanum carbonate (Fosrenol).