RXADVANCE
2 Park Central Drive
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Clinical Policy Title:	tegaserod
Policy Number:	RxA.574
Drug(s) Applied:	Zelnorm™
Original Policy Date:	03/06/2020
Last Review Date:	12/07/2020
Line of Business Policy Applies to:	All lines of business

Background

Tegaserod (Zelnorm™) is a serotonin-4 (5-HT4) receptor agonist. Tegaserod is indicated for the treatment of adult women less than 65 years of age with irritable bowel syndrome with constipation (IBS-C).

Limitation(s) of use: The safety and effectiveness of tegaserod in men with IBS-C have not been established.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
tegaserod (Zelnorm™)	IBS-C	6 mg PO BID at least 30 minutes before meals. Discontinue in patients who have not had adequate control of symptoms after 4 to 6 weeks of treatment.	12 mg/day

Dosage Forms

- Tablet: 6 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Irritable Bowel Syndrome with Constipation (must meet all):

1. Diagnosis of IBS-C;
2. Age ≥ 18 years and < 65 years;
3. Failure of one bulk forming laxative (e.g., psyllium [Metamucil®], methylcellulose [Citrucel®], calcium polycarbophil [FiberCon®]), unless contraindicated or clinically significant adverse effects are experienced;
4. Failure of Linzess®, Amitiza®, or Trulance® (whichever is preferred), unless contraindicated or clinically significant adverse effects are experienced;

*Prior authorization may be required for Linzess®, Amitiza®, and Trulance®.

5. At the time of request, member does not have any of the following contraindications: a history of myocardial infarction, stroke, transient ischemic attack, or angina;
6. Dose does not exceed 12 mg (2 tablets) per day.

Approval Duration
Commercial: 42 days
Medicaid: 42 days

II. Continued Therapy Approval

A. Irritable Bowel Syndrome with Constipation (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy.
2. Member is responding positively to therapy;
3. At the time of request, member does not have any of the following contraindications: a history of myocardial infarction, stroke, transient ischemic attack, or angina;
4. If request is for a dose increase, new dose does not exceed 12 mg (2 tablets) per day.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
IBS-C: irritable bowel syndrome with constipation

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
psyllium (Metamucil®)	1 rounded teaspoonful, tablespoonful, or premeasured packet in 240 mL of fluid PO, Once daily to TID (2.4 g of soluble dietary fiber per dose)	7.2 g (as soluble dietary fiber) per day
calcium polycarbophil (FiberCon®)	1,000 mg PO Once daily to QID or PRN	6,000 mg per day
methylcellulose (Citrucel®)	Caplet: 2 caplets (total 1 g methylcellulose) PO with at least 240 ml (8 oz) of liquid, up to 6 times per day as needed Powder: 1 heaping tablespoonful (2 g methylcellulose per 19 g powder) in at	Caplet: 12 caplets per day Powder: 6 grams per day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	least 240 ml (8 oz) of water PO, given 1 to 3 times per day as needed	
Amitiza® (lubiprostone)	8 mcg PO BID	16 mcg/day
Linzess® (linaclotide)	290 mcg PO Once daily	290 mcg/day
Trulance® (plecanatide)	3 mg PO Once daily	3 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Major adverse cardiovascular events (MACE): history of myocardial infarction, stroke, transient ischemic attack, or angina.
  - History of ischemic colitis or other forms of intestinal ischemia.
  - Severe renal impairment (eGFR < 15 mL/min/1.73 m^2) or end-stage renal disease.
  - History of bowel obstruction, symptomatic gallbladder disease, suspected sphincter of Oddi dysfunction, or abdominal adhesions.
  - Moderate or severe hepatic impairment (Child-Pugh B or C).
  - Hypersensitivity to tegaserod.

- Boxed Warning(s):
  - None reported

APPENDIX D: General Information

- Avoid use of Zelnorm® in patients with severe diarrhea. Instruct patients to discontinue Zelnorm and contact their healthcare provider if severe diarrhea, hypotension or syncope occur.
- Discontinue Zelnorm® treatment in patients who experience a myocardial infarction, stroke, transient ischemic attack or angina.

References

1. Zelnorm® Prescribing Information. Louisville, KY: US WorldMeds, LLC.; July 2019. Available at: https://www.myzelnorm.com/assets/pdfs/PM-000413_ZELNORM_PI-MG_160x850mm_v6FNL_ND.pdf Accessed October 7, 2020.
2. NDA/BLA Multi-Disciplinary Review and Evaluation for Zelnorm (tegaserod). Silver Spring, MD. Food & Drug Administration (FDA): March 22, 2019. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/nda/2019/021200Orig1s015Multidiscipline R.pdf. Accessed October 7, 2020.
3. FDA Briefing Document for Zelnorm (tegaserod maleate) for treatment of Irritable Bowel Syndrome with Constipation (IBS-C). Louisville, KY: US WorldMeds, LLC: October 2018. Available at: https://www.fda.gov/media/119011/download. Accessed October 7, 2020.
4. Ford AC, Moayyedi P, Lacy BE, et al. American College of Gastroenterology monograph on the management of irritable bowel syndrome and chronic idiopathic constipation. Am J Gastroenterol. 2014; 109 Suppl 1:S2-S26. Accessed October 7, 2020.

5. Guidance for Industry: Irritable Bowel Syndrome- Clinical Evaluation of Drugs for Treatment: FDA; 2012 [08-10-2018]. Available from: https://www.fda.gov/regulatory-information/search-fda-guidance-documents/irritable-bowel-syndrome-clinical-evaluation-products-treatment. Accessed October 7, 2020.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established	01/2020	03/06/2020
Policy was reviewed: 1. Clinical Policy Title Table was updated. 2. Line of business policy applies was updated to All lines of business. 3. APPENDIX B: Therapeutic Alternatives verbiage was updated to “Below are suggested therapeutic alternatives based on clinical guidance...." 4. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..." 5. Appendix D was added. 6. References was reviewed and updated. 7. Update initial approval duration to 42 days - Discontinue in patients who have not had adequate control of symptoms after 4 to 6 weeks of treatment.	10/07/2020	12/07/2020