

**Zelnorm  
Prior Authorization Criteria**

Will be approved for females with a diagnosis of *Irritable Bowel Syndrome with constipation*

or

for the treatment of *Chronic Constipation* (in both males and females) when the following criteria are met.

The patient must:

1. Be less than 65 years of age.
2. Have less than three spontaneous bowel movements per week.
3. Have documented failure of at least one month of therapy with osmotic and bulking laxatives.
4. Have documentation that constipating therapies for other disease states have been discontinued.
5. Be appropriately screened for colon cancer, hypothyroidism, pelvic floor abnormalities, and spinal cord abnormalities.
6. Have documentation that that there are none of the following disease states present: renal impairment, moderate or severe hepatic impairment, history of bowel obstruction, symptomatic gallbladder disease, suspected sphincter of Oddi dysfunction, abdominal adhesions, or a known hypersensitivity to the drug or its excipients.
6. The initial prior approval will be authorized for a period of twelve weeks. After follow-up with the prescriber, authorization may be granted for a period of 12 months.
7. All other requests will be reviewed on a case-by-case by the Medical Director.

Adopted 11/17/04