

Zelnorm

Tegaserod Maleate is a Miscellaneous GI agents used in the treatment of:

1. Constipation-Predominate - Irritable Bowel Syndrome (IBS) in women that meet the International Working Party ("Rome2") Criteria for the Diagnosis:

At least 3 months of continuous or recurrent symptoms of abdominal pain which are:
 Relieved by defecation or
 Associated with a change in stool consistency or
 Associated with a change in stool frequency.

With two of the following:
 Altered stool frequency (greater than 3 times per day or less than 3 times per week)
 Altered stool form
 Altered stool passage (straining, urgency, incomplete evacuation)
 Passage of mucous
 Abdominal bloating

2. Chronic Idiopathic Constipation conditions:

Documented hydration and treatment attempts of a minimum of three (3) of the following:
 Dehydrocholic Acid – 250-500mg 3 times a day after meals
 Lactulose – Chronulac, Dyuphalac, or Constulose
 Psyllium - Varies, depending on drug
 Polycarbophil – 1 gm 1 – 4 times a day, for at least two weeks
 Bisacodyl tablets or suppositories
 Sodium Polystyrene Sulfonate – 15-60gm

Patient Age ≤ 65
 Provide Complete Medication History (RX and OTC products)
 Documented and updated Colon Screening (> 50 years of age) which may include:
 Colonoscopy
 Flexible Sigmoidoscopy
 Air Contrast Barium Enema

Member Information

Relationship (Circle)

Name _____

Subscriber Spouse Dependent

Enrollment / Cardholder ID _____

Gender (Circle)

Group / Plan _____

Male Female

Birth date _____

AGE: _____

Address: _____

City State Zip _____

Practitioner Information

Name _____

Agent / Contact Name _____

Specialty _____

Office / Clinic Name _____

Address _____

City State Zip _____

Phone () - _____

Fax () - _____

Email _____@_____

IBS - Meets Rome2 Criteria? Yes No
 Colon Screening Performed? Yes No
 Medication Side Effects Ruled Out? Yes No
 Hydration and Fiber attempted? Yes No
 Alternative Therapy attempted? Yes No

Requested Drug / Pharmaceutical

Zelnorm - Tegaserod Maleate

Condition / Diagnosis Related - Reason for Request

Strength / Dose

Duration of Therapy (Expected)

Clinical Drug / Lab / Diagnostic History Pertinent to Request

Type of Request (Circle)

One-Time On-Going

Contact Pharmacy? Y N

Pharmacy Phone Number

Formulary Alternative(s) Attempted YES NO (Circle)

Practitioner Signature (Agent)