Criteria Based Consultation Prescribing Program
CRITERIA FOR DRUG COVERAGE
teduglutide (Gattex®)

Initial approval criteria: Non-formulary **teduglutide (Gattex®)** will be covered for 6 months on the prescription drug benefit when the following criteria are met:

- Prescribed by a Gastroenterologist

  -AND-
- Patient is at least 18 years of age

  -AND-
- Patient has diagnosis of short bowel syndrome

  -AND-
- Patient is dependent on parenteral (nutrition or fluid) support

  -AND-
- Patient has had a colonoscopy in the past 6 months

  -AND-
- Intolerance or contraindication to, or failure (after adequate trial^) to all of the following:
  i. Proton pump inhibitor (PPI)
  ii. loperamide (up to 16 mg/day)
  iii. codeine sulfate (up to 60 mg three times daily)
  iv. octreotide 100 mcg given three times daily

Continued use criteria: Non-formulary **teduglutide (Gattex®)** will continue to be covered for 12 months on the prescription drug benefit when the following criteria are met:

- Patient continues to be under the care of a Gastroenterologist

  -AND-
- Documented decreased need for parenteral support compared to baseline

  -AND-
- if patient has a colon, is up to date with screening colonoscopies
  - Colonoscopy due after 1 year of treatment of teduglutide, then every 5 years (or more frequent if polyps found)

Note:
^ An adequate trial is considered at least 4 weeks of therapy.