



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

TEDUGLUTIDE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TEDUGLUTIDE	GATTEX	39890		GPI-10 (5253307000)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of short bowel syndrome (SBS) and meet **ALL** of the following criteria?
 - The patient is 1 year of age or older
 - Therapy is prescribed by or in consultation with a gastroenterologist
 - The patient is dependent on intravenous parenteral nutrition, defined as requiring parenteral nutrition at least three times per week

If yes, **approve for 6 months by HICL or GPI-10.**

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **TEDUGLUTIDE (Gattex)** requires the following rule(s) be met for approval:

- A. You have short bowel syndrome (SBS: the body cannot absorb fluids and nutrients due to a lack of a functional small intestine)
- B. You are 1 year of age or older
- C. Therapy is prescribed by or in consultation with a gastroenterologist (doctor who treats digestive conditions)
- D. You are dependent on parenteral nutrition (defined as requiring parenteral nutrition at least three times per week

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Does the patient have a diagnosis of short bowel syndrome (SBS) and meet **ALL** of the following criteria?
 - Therapy is prescribed by or in consultation with a gastroenterologist
 - The patient has achieved or maintained a decreased need for parenteral support compared to baseline

If yes, **approve for 12 months by HICL or GPI-10.**

If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **TEDUGLUTIDE (Gattex)** requires the following rule(s) be met for renewal:

- A. You have short bowel syndrome (SBS: the body cannot absorb fluids and nutrients due to a lack of a functional small intestine)
- B. Therapy is prescribed by or in consultation with a gastroenterologist (doctor who treats digestive conditions)
- C. You have achieved or maintained a decreased need for parenteral support (administration of nutrition through a vein) compared to baseline

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Gattex.

REFERENCES

- Gattex [Prescribing Information]. Lexington, MA: Shire-NPS Pharmaceutical; January 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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