



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

TEDUGLUTIDE

Generic	Brand	HICL	GCN	Exception/Other
TEDUGLUTIDE	GATTEX	39890		

This drug requires a written request for prior authorization.

GUIDELINES FOR USE

1. Does the patient have a diagnosis of short bowel syndrome (SBS)?

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

2. Is the patient dependent on intravenous parenteral nutrition, defined as requiring parenteral nutrition at least three times per week?

If yes, continue to #3.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

3. Is the patient at least 1 year old?

If yes, **approve for 12 months by NDC as follows:**

- **Gattex 5mg one vial kit with a quantity limit of #30 per 30 days OR,**
- **Gattex 5mg thirty vial kit with a quantity limit of #1 per 30 days.**

If no, do not approve.

DENIAL TEXT: The guideline named **TEDUGLUTIDE (Gattex)** requires a diagnosis of short bowel syndrome (SBS). In addition, the following criteria must be met:

- The patient is at least 1 year of age
- The patient is dependent on intravenous parenteral nutrition, defined as requiring parenteral nutrition at least three times per week

RATIONALE

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

REFERENCES

- Gattex [Prescribing Information]. Bedminister, NJ: NPS Pharmaceutical; May 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/01/19

Created: 02/13

Client Approval: 05/19

P&T Approval: 07/19