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
  - o 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.