UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Gattex

Program	Prior Authorization
Medication	Gattex® (teduglutide [rDNA origin]), for injection, for subcutaneous use
Issue Date	3/2013
Pharmacy and Therapeutics Approval Date	9/2017
Effective Date	11/2017

1. Background:

Gattex (teduglutide [rDNA origin]) is a glucagon-like peptide-2 (GLP-2) analog indicated for the treatment of adult patients with Short Bowel Syndrome (SBS) who are dependent on parenteral support.[1]

2. Coverage Criteria:

A. Initial Authorization

1. Gattex will be approved based upon **both** of the following criteria:

a. Diagnosis of Short Bowel Syndrome (SBS)

-AND-

b. Dependent on parenteral support

Authorization will be issued for 12 months.

B. Reauthorization

1. Gattex will be approved based on the following criterion:

a. Documentation of positive clinical response to Gattex therapy

Authorization will be issued for 12 months.

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3. References:

1. Gattex [Package Insert]. Bedminster, NJ: NPS Pharmaceuticals, Inc.; July 2016.

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Change Control	
Date	Change
3/2013	New policy; new FDA-approved drug
12/2015	Annual Review –no changes to clinical criteria. Updated template to align with UHC standard.
9/2016	Updated policy template and updated clinical criteria to align with Employer & Individual except reauthorization duration changed from 24 to 12 months
3/2017	Changed initial authorization duration to 12 months. Updated policy template.
9/2017	Annual Review. No changes.