

### Clinical Pharmacy Program Guidelines for Gattex

Program	Prior Authorization
Medication	Gattex <sup>®</sup> (teduglutide), for injection, for subcutaneous use
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	3/2013
Pharmacy and Therapeutics Approval Date	9/2020
Effective Date	11/2020

#### 1. Background:

Gattex (teduglutide) is a glucagon-like peptide-2 (GLP-2) analog indicated for the treatment of adult and pediatric patients 1 year of age and older with Short Bowel Syndrome (SBS) who are dependent on parenteral support.<sup>1</sup>

#### 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.**

### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

### 4. References:

1. Gattex [package insert]. Lexington, MA: NPS Pharmaceuticals, Inc.; June 2019.

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<b>Change Control</b>	
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.
9/2018	Annual review. No changes.
9/2019	Annual review. Updated background and reference.
9/2020	Annual review. No changes to criteria. Added Additional Clinical Rules section.