



Pharmacy Drug Policy & Procedure

Policy Name:	Gattex (teduglutide)	Policy#:	2297P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Gattex (teduglutide).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Gattex (teduglutide) under the specialty pharmacy benefit if the following criteria are met.

Criteria

1. Coverage Criteria

- 1.1 Ordered by a Gastroenterologist (stomach doctor)
- 1.2 Age 1 year and older
- 1.3 Diagnosis of short bowel syndrome
- 1.4 Documentation that the patient has been receiving parenteral nutrition for at least the past 12 months
- 1.5 Review of chart notes and labs documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Gattex by both a pharmacist and medical director

2. Exclusion Criteria

- 2.1 Gattex will not be covered in patients with a diagnosis of high ostomy output without a diagnosis of short bowel syndrome

3. Approval Period

- 3.1 Initial approval: 12 months
- 3.2 Subsequent approvals: 12 months with documentation that parenteral nutrition and/or intravenous fluid needs have decreased in volume (mL) from baseline

CPT Codes

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HCPCS Codes

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References

1. Gattex (teduglutide) [prescribing information]. Cambridge, MA: Takeda Pharmaceuticals America Inc; September 2024.
2. Schwartz LK, O'Keefe JD, Fujioka K, et.al. Long-term teduglutide for the treatment of patients with intestinal failure associated with short bowel syndrome. Clin Trans Gastroenterology. 2016;7, e142.
3. Iyer K, DiBaise JK, Rubio-Tapia A. AGA Clinical Practice Update on Management of Short Bowel

Syndrome: Expert Review. Clin Gastroenterol Hepatol. 2022 Oct;20(10):2185-2194.e2

4. Pironi L, Arends J, Baxter J, et al. ESPEN endorsed recommendations. Definition and classification of intestinal failure in adults. Clin Nutr 2015; 34:171.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies.

Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.