



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Gattex[®] (teduglitide (rDNA origin))
[Prior Authorization Request Form](#)

Prior authorization requests for Gattex will be approved if the following criteria are met:

1. Diagnosis of Short Bowel Syndrome (SYS); **AND**
2. History of parenteral nutrition/support for at least twelve (12) months; **AND**
3. Colonoscopy performed in the past six (6) months; **AND**
4. Absence of gastrointestinal malignancy; **AND**
5. Patient is eighteen (18) years of age or older

NPS Pharmaceuticals
Bedminster, NJ 07921 2013

Review and Approved
DUR Board 02/20/2013