Pharmacy Prior Authorization Form

For Prior Authorization, please fax to: 877 974-4411 toll free, or 616 942-8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)** ☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Gattex® (teduglutide)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product Information

☐ New request ☐ Continuation request

Drug product: ☒ Gattex Kit

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Patient's current body mass index: _____

How long has the patient received parenteral support? _____

What daily volume of parenteral support is the patient currently receiving? _____

Drug cost information

The wholesale acquisition cost for a 30-day supply of Gattex is $31,350. The annual cost of treatment with this drug is more than $376,200.

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Diagnosis of short bowel syndrome dependent on parenteral support
2. Patient must not have a history of:
   - Colorectal or gastrointestinal malignancy
   - Radiation enteritis
   - Cancer within 5 years before starting Gattex
   - Use of human growth hormone within 6 months before starting Gattex
   - Treatment for active Crohn's disease within 12 weeks before starting Gattex
   - More than 4 admissions within 12 months before starting Gattex
3. Patient's body mass index is 15 kg/m^2 or greater

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 11/2013

Last reviewed 07/2018

4. The following laboratory results must be assessed within 6 months before starting Gattex and at least every 6 months while using the drug:
   - Alkaline phosphatase
   - Amylase
   - Bilirubin
   - Lipase
5. If the patient has inflammatory bowel disease, he or she must not have taken immunosuppressant drugs within 3 months before starting Gattex and not used a biologic drug within 6 months before starting Gattex
6. If the patient has his or her large intestine intact, a colonoscopy must be completed within 6 months before starting Gattex
7. A reasonable expectation the patient will be removed from parenteral support within 6 months

For a 24-week continuation, patient must have met the following requirements:

1. The patient is compliant in taking the medication as scheduled
2. The patient tolerated the medication
3. The patient did not experience any severe adverse reactions while taking the medication
4. The patient had a 50% reduction in parenteral support volume
5. With continued treatment, the patient can be removed from parenteral support within the next 6 months

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

New request
Priority Health Precertification Documentation

A. What condition is this drug being requested for?

☐ short bowel syndrome dependent on parenteral support
☐ *Other – the patient's condition is:* _____
Rationale for use: _____

B. Does the patient have a history of colorectal or gastrointestinal malignancy? ☐ Yes ☐ No

C. Does the patient have a history of radiation enteritis? ☐ Yes ☐ No

D. Does the patient have a history of any cancer within the last 5 years? ☐ Yes ☐ No

E. Has the patient used human growth hormone within the past 6 months? ☐ Yes ☐ No

F. Does the patient received treatment for active Crohn's disease in the previous 12 weeks? ☐ Yes ☐ No

G. Does the patient have a history of inflammatory bowel disease with changes in immunotherapy or biologics within the last 6 months? ☐ Yes ☐ No

H. How many hospital admissions in the last 12 months has the patient had? _____

I. Which of the following laboratory tests and procedures did the patient have completed within the previous 6 months?

☐ Colonoscopy ☐ Alkaline phosphatase ☐ Amylase ☐ Bilirubin ☐ Lipase

J. Is it reasonably expected the patient will be removed from parenteral support within 6 months after starting Gattex treatment?

☐ Yes ☐ No

K. Provide any other rationale for use you wish to have considered:

_____

_____

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 11/2013
Last reviewed 07/2018

Request to continue a previously authorized approval
Priority Health Precertification Documentation

A. What is the patient's diagnosis?

- ☐ short bowel syndrome dependent on parenteral support
- ☐ *Other – the patient's condition is:* _____

Rationale for use: _____

B. Select which of the following apply (all must be met for continuation of therapy):

- ☐ The patient is compliant in taking the medication as scheduled
- ☐ The patient tolerated the medication
- ☐ The patient did not experience any severe adverse reactions while taking the medication
- ☐ The patient had a 50% reduction in parenteral support volume
- ☐ The patient can be removed from parenteral support within the next 6 months

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 11/2013
Last reviewed 07/2018