

Priority Health Medicare Prior Authorization Criteria (Part D)

Gattex®

Products affected

- Gattex®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Initial approval is for 24 weeks. Each continuation approval is for 6 months.
Other criteria	Patient must have received appropriate laboratory assessments (bilirubin, alkaline phosphatase, lipase, and amylase) within 6 months before starting Gattex. Patient with an intact large intestine must have documentation of a colonoscopy within 6 months before starting Gattex. Patient must not have a history of colorectal or other GI malignancy. Patient must not have received biologic treatment for Crohn's disease within 12 weeks before starting Gattex.