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Pharmacy Policy

Gattex[®]

Policy Number: 9.802

Revision Number: R0

Version Effective Date: 1/1/2021

Product Applicability All Plan⁺ Products

Well Sense Health Plan

New Hampshire Medicaid

Boston Medical Center HealthNet Plan

MassHealth - MCO

MassHealth - ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- Gattex (teduglutide)

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications unless otherwise excluded
Exclusion Criteria	None
Required Medical Information	<ol style="list-style-type: none"> 1. A diagnosis of short bowel syndrome; AND 2. Short bowel syndrome management has been dependent on parenteral nutrition support for at least 12 months prior to initiation of therapy with Gattex; AND 3. One of the following: <ol style="list-style-type: none"> a. If 18 years or older, documentation of colonoscopy to rule out polyps within the last 6 months; OR b. If under 18 years old, documentation of fecal occult blood testing within the

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	last 6 months AND , if there is unexplained blood in the stool, documentation of colonoscopy/ sigmoidoscopy
Age Restrictions	Member is 1 year of age or older
Prescriber Restriction	Prescribed by or in consultation with a gastroenterologist or an endocrinologist
Coverage Duration	6 months
Other criteria	Reauthorization Documentation of the following: <ol style="list-style-type: none"> 1. There has been reduction in need for parenteral nutrition support by at least 20% as a result of Gattex treatment and there has not been treatment-related adverse events (medical records must be included)

Applicable Coding:

Clinical Background Information and References

1. Gattex[®] Prescribing Information. NPS Pharmaceuticals. Bedminster, NJ 07921. December, 2012
2. DiBaise JK. Management of the Short Bowel Syndrome in Adults. UpToDate. Last updated January 23, 2018. Available: www.uptodate.com. Accessed June 19, 2018.
3. Nightingale J and Woodward JM. Guidelines for Management of patients with a Short Bowel. Gut. Aug 2006; 55(Supple 4):iv1-iv12.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee, NH DHHS

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	P&T Annual Review, Policy 9.046 discontinued. Created a new separate policy	1/1/2021	P&T Committee, NH DHHS

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Policy Revisions History

	for NH. No criteria changes.		
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Next Review Date

2021

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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