



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



**Office of Pharmacy Service  
Prior Authorization Criteria**

**Gattex® (teduglutide (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; **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***