



Pre - PA Allowance

None

Prior-Approval Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following:

Short bowel syndrome (SBS)

AND ALL of the following:

1. Concurrent parenteral support
2. Colonoscopy (or alternate imaging) performed in the past 6 months (N/A if colon has been removed)
3. Absence of gastrointestinal malignancy
4. Baseline bilirubin, alkaline phosphatase, lipase, amylase levels and every six months thereafter
5. Patient age 1-17 **ONLY**: prescriber agrees to perform fecal occult blood testing annually

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following:

Short bowel syndrome (SBS)

AND ALL of the following:

1. Concurrent parenteral support
2. Absence of gastrointestinal malignancy
3. Absence of intestinal or stomal obstruction
4. Bilirubin, alkaline phosphatase, lipase, and amylase levels to be obtained every six months



**BlueCross
BlueShield**

Federal Employee Program.

**GATTEX
(teduglutide)**

5. Documentation of a decreased need in volume of intravenous parenteral nutrition and number of infusion days per week
6. Patient age 1-17 **ONLY**: prescriber agrees to perform fecal occult blood testing annually

Prior – Approval *Renewal* Limits

Same as above