



**GEORGIA MEDICAID FEE-FOR-SERVICE  
GATTEX PA SUMMARY**

Preferred	Non-Preferred
n/a	Gattex (teduglutide for subcutaneous injection)

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

- ❖ Approvable for members 1 year of age or older with Short Bowel Syndrome (SBS) who are dependent on parenteral support who have had fecal blood occult testing, colonoscopy or alternative imaging, and laboratory assessments performed as clinically indicated; AND
- ❖ Members must be managed by or in consultation with an intestinal rehabilitation program.

**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.