Dosage Table

The table below provides calculations for a range of weights (90-200 lbs). The patient weight in pounds is rounded in 5 lb increments. The dose in mL can be calculated by dividing the patient weight (kg) by 200 which equals the mL per day (patient weight (kg)/200 = mL/day).

Please refer to the GATTEX® Prescribing Information for additional dosing information. The dosage for GATTEX should be determined only by a Health Care Professional.

Patient Weight (lbs)	Patient Weight (kg)	Dosage (mL)
90 lbs	40 kg	**0.20 mL**
95 lbs	43 kg	**0.22 mL**
100 lbs	45 kg	**0.23 mL**
105 lbs	47 kg	**0.24 mL**
110 lbs	50 kg	**0.25 mL**
115 lbs	52 kg	**0.26 mL**
120 lbs	54 kg	**0.27 mL**
125 lbs	56 kg	**0.28 mL**
130 lbs	59 kg	**0.30 mL**
135 lbs	61 kg	**0.31 mL**
140 lbs	63 kg	**0.32 mL**
145 lbs	65 kg	**0.33 mL**
150 lbs	68 kg	**0.34 mL**
155 lbs	70 kg	**0.35 mL**
160 lbs	72 kg	**0.36 mL**
165 lbs	75 kg	**0.38 mL**
170 lbs	77 kg	**0.39 mL**
175 lbs	79 kg	**0.40 mL**
180 lbs	81 kg	**0.41 mL**
185 lbs	84 kg	**0.42 mL**
190 lbs	86 kg	**0.43 mL**
195 lbs	88 kg	**0.44 mL**
200 lbs	90 kg	**0.45 mL**

Indication:

GATTEX® (teduglutide [rDNA origin]) for injection is indicated for the treatment of adult patients with Short Bowel Support (SBS) who are dependent on parenteral support.

Dosage and Administration:

The recommended daily dose of GATTEX is 0.05 mg/kg body weight administered by subcutaneous injection once daily.

Dosage Modifications in Renal Impairment:

Reduce the dose by 50% in patients with moderate and severe renal impairment (creatinine clearance less than 50 mL/min), and end-stage renal disease.

Warnings and Precautions:

Possible acceleration of neoplastic growth and enhanced growth of colon polyps, gastrointestinal obstruction, gallbladder, biliary tract and pancreatic disease, increased absorption of fluids leading to fluid overload in patients with cardiovascular disease, and increased absorption of oral medications with narrow therapeutic index.

Gattex®
(Teduglutide [rDNA origin]) for Injection

Important Safety Information

Warnings and Precautions

Neoplastic growth

Colorectal polyps were identified during clinical trials. There is a risk for acceleration of neoplastic growth. Colonoscopy of the entire colon with removal of polyps should be done within 6 months prior to starting treatment with GATTEX and is recommended after 1 year. Subsequent colonoscopies should be done as needed, but no less frequently than every 5 years. In case of intestinal malignancy (GI tract, hepatobiliary, pancreatic), discontinue GATTEX. The clinical decision to continue GATTEX in patients with non-gastrointestinal malignancy should be made based on risk and benefit considerations.

Intestinal obstruction

Intestinal obstruction has been reported in clinical trials. In patients who develop obstruction, GATTEX should be temporarily discontinued pending further clinical evaluation and management.

Biliary and pancreatic disease

Cholecystitis, cholangitis, cholelithiasis, and pancreatitis have been reported in clinical trials. Patients should undergo laboratory assessment (bilirubin, alkaline phosphatase, lipase, amylase) before starting GATTEX. Subsequent laboratory tests should be done every 6 months. If clinically meaningful changes are seen, further evaluation is recommended including imaging, and continued treatment with GATTEX should be reassessed.

Fluid overload

Fluid overload and congestive heart failure have been observed in clinical trials. There is potential for fluid overload while on GATTEX. If fluid overload occurs, especially in patients with underlying cardiovascular disease, parenteral support should be appropriately adjusted and GATTEX treatment reassessed.

Increased absorption of concomitant oral medication

Altered mental status in association with GATTEX has been observed in patients on benzodiazepines in clinical trials. Patients on concomitant oral drugs (e.g., benzodiazepines, phenothiazines) requiring titration or with a narrow therapeutic index may require dose adjustment while on GATTEX.

Adverse Reactions

The most common adverse reactions (≥ 10%) across all studies with GATTEX are abdominal pain, injection site reactions, nausea, headaches, abdominal distension, upper respiratory tract infection. In addition, vomiting and fluid overload were reported in the SBS studies (1 and 3) at rates ≥10%.

For additional safety information, please click here for Prescribing Information.

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