

Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's
	Prior Authorization Criteria
Original Development Date: Original Effective Date:	January 7, 2022
Revision Date:	

Bile Salts Agents

Preferred: Ursodiol

Non-Preferred: Actigall [®]/Urso Forte [®] (ursodiol), Chenodal [®] (chenodiol), Cholbam [®] (cholic acid), and Ocaliva [®] (obeticholic acid)

LENGTH OF AUTHORIZATION: Up to 6 months

INITIAL REVIEW CRITERIA:

Chenodal

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of cholelithiasis who have small radiolucent (non-calcified) cholesterol gallstones, have a normally functioning gallbladder, are not eligible for surgery due to disease or age and have experienced an inadequate response or contraindication with ursodiol.
- Current labs (within 30 days of request) have been submitted for the following:
 - o AST/ALT
 - o ALP (alkaline phosphatase)
 - o Bilirubin
 - o INR
 - o Lipids

R

Cholbam

- Patient must have a diagnosis of bile acid synthesis disorders due to single enzyme defects (SEDs) OR
 peroxisomal disorders (PDs) including Zellweger spectrum disorders in patients who exhibit
 manifestations of liver disease, steatorrhea or complications from decreased fat-soluble vitamin absorption.
- Current labs (within 30 days of request) have been submitted for the following:
 - AST/ALT
 - o ALP
 - o Bilirubin
 - o INR
 - o GGT (Gamma-glutamyltransferase)

Ocaliva

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of primary biliary cholangitis (PBC) without cirrhosis or with compensated cirrhosis who do not have evidence of portal hypertension.
- Medication is used in combination with ursodiol with inadequate response or as monotherapy in patients with a contraindication to ursodiol.
- Patient does not have decompensated cirrhosis (e.g., Child-Pugh Class B or C), prior decompensation event, compensated cirrhosis with evidence of portal hypertension (e.g., ascites, gastroesophageal varices, persistent thrombocytopenia), or complete biliary obstruction.
- Current labs (within 30 days of request) have been submitted for the following:
 - o AST/ALT



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's
	Prior Authorization Criteria
Original Development Date:	January 7, 2022
Original Effective Date:	
Revision Date:	

- o ALP
- Bilirubin
- o INR
- Lipids

<u>DOSING AND ADMINISTRATION:</u>
 Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/