

Priority Health Medicare Prior Authorization Criteria (Part D)

Cholbam®

Products affected

- Cholbam®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Must provide a serum very long chain fatty acid value (VLCFA). Must provide baseline liver function tests.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Initial approval for 3 months, continuation approval for one year
Other criteria	For continuation to be approved, patient must have increased body weight by 10% or be stable at greater than or equal to the 50th percentile, patient alanine aminotransferase (ALT) or aspartate aminotransferase (AST) must be less than 50 U/L or the baseline levels must be reduced by 80%, patient total bilirubin level must be reduced to less than or equal to 1 mg/dL, and patient must not have evidence of cholestasis on liver biopsy.