

Priority Health Medicare Prior Authorization Criteria (Part D)

Ocaliva®

Products affected

- Ocaliva®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Must have one of the following: alkaline phosphatase level greater than or equal to 1.67 times the upper limit of normal, or total bilirubin greater than or equal to 1 times the upper limit of normal but less than 2 times the upper limit of normal.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	Patient must have received 12 months of ursodiol therapy and have had an inadequate response or be intolerant to ursodiol.