

**BILE SALTS – CHOLBAM (cholic acid) & OCALIVA (obeticholic acid) PRIOR AUTHORIZATION FORM**  
 (form effective 1/9/2023)

Prior authorization guidelines for **Bile Salts** and **Quantity Limits/Daily Dose Limits**  
 are available on Geisinger Health Plan's website at

<https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request		Total pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State license #:
LTC facility contact/phone:			Street address:	
Beneficiary name:			City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

**CLINICAL INFORMATION**

Drug requested:	Strength:
Dose/directions:	Quantity:      Refills:
Diagnosis ( <u>submit documentation</u> ):	DX code ( <u>required</u> ):

**Complete all sections that apply to the beneficiary and this request.**  
**Check all that apply and submit documentation for each item.**

**INITIAL requests**

**1. For Cholbam (cholic acid):**

- Cholbam (cholic acid) is prescribed by or in consultation with a hepatologist or pediatric gastroenterologist
- Medical history and lab test results support the beneficiary's diagnosis (eg, serum or urinary bile acid levels using mass spectrometry, neurologic exam)

**2. For Ocaliva (obeticholic acid):**

- Ocaliva (obeticholic acid) is prescribed by or in consultation with a hepatologist or gastroenterologist
- Medical history and lab test results support the beneficiary's diagnosis (eg, alkaline phosphatase, antimitochondrial antibodies, histologic evaluation, imaging)
- The beneficiary does NOT have any of the following contraindications to Ocaliva (obeticholic acid): decompensated cirrhosis (Child-Pugh Class B or C) or a prior decompensation event, compensated cirrhosis with evidence of portal hypertension (eg, ascites, gastroesophageal varices, persistent thrombocytopenia), or complete biliary obstruction
- The beneficiary tried and failed optimally titrated doses of ursodeoxycholic acid (UDCA, ursodiol)
- The beneficiary will take Ocaliva (obeticholic acid) in combination with ursodeoxycholic acid (UDCA, ursodiol)
- The beneficiary has a contraindication or history of intolerance to ursodeoxycholic acid (UDCA, ursodiol)

**RENEWAL requests**

**1. For Cholbam (cholic acid):**

- Cholbam (cholic acid) is prescribed by or in consultation with a hepatologist or pediatric gastroenterologist
- The beneficiary experienced improvement in liver function within the first 3 months of treatment with Cholbam (cholic acid)
- The beneficiary does NOT have complete biliary obstruction, persistent clinical or lab indicators of worsening liver function, or cholestasis

**2. For Ocaliva (obeticholic acid):**

- Ocaliva (obeticholic acid) is prescribed by or in consultation with a hepatologist or gastroenterologist
- The beneficiary has results of recent LFTs showing a positive clinical response to Ocaliva (obeticholic acid)
- The beneficiary does NOT have any of the following contraindications to Ocaliva (obeticholic acid): decompensated cirrhosis (Child-Pugh Class B or C) or a prior decompensation event, compensated cirrhosis with evidence of portal hypertension (eg, ascites, gastroesophageal varices, persistent thrombocytopenia), or complete biliary obstruction

**Please submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.**

**Prescriber Signature:**

**Date:**

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