

OCALIVA (obeticholic acid) PRIOR AUTHORIZATION FORM (form effective 01/05/2021)

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>

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|--------------------------------------|--|--|--|----------------------|--|------------------|--|
| <input type="checkbox"/> New request | | <input type="checkbox"/> Renewal request | | Total # pages: _____ | | Prescriber name: | |
| Name of office contact: | | | | Specialty: | | | |
| Phone number of office contact: | | | | NPI: | | MA Provider ID#: | |
| LTC facility contact/phone: | | | | Street address: | | | |
| Beneficiary name: | | | | Suite #: | | City/state/zip: | |
| Beneficiary ID#: | | DOB: | | Phone: | | Fax: | |

CLINICAL INFORMATION

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| Drug requested: Ocaliva tablet | Strength: | Quantity: |
| Directions: | | Refills: |
| Diagnosis: | | Dx code (required): |

Specialty Pharmacy Drug Program: Ocaliva is part of the DHS Specialty Pharmacy Drug Program and is only available from one of the two DHS specialty pharmacies – **Walgreen's Specialty Pharmacy**.

INITIAL Ocaliva requests

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| 1. Is Ocaliva prescribed by or in consultation with a hepatologist or gastroenterologist? | <input type="checkbox"/> Yes– <i>Submit documentation of consultation.</i> <input type="checkbox"/> No |
| 2. Does the beneficiary have a diagnosis of primary biliary cholangitis (PBC)? | <input type="checkbox"/> Yes– <i>Submit documentation of lab results and medical history supporting diagnosis.</i> <input type="checkbox"/> No– <i>Submit documentation supporting the use of Ocaliva for beneficiary's diagnosis.</i> |
| 3. Does the beneficiary have results of the following baseline (before starting Ocaliva) lab results? <input type="checkbox"/> AST <input type="checkbox"/> GGTP <input type="checkbox"/> bilirubin <input type="checkbox"/> HDL-C <input type="checkbox"/> ALT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> INR | <input type="checkbox"/> Yes– <i>Submit results and dates of all lab monitoring for all requested values.</i> <input type="checkbox"/> No |
| 4. Does the beneficiary have a history of therapeutic failure of optimally titrated doses of ursodeoxycholic acid (UDCA)? | <input type="checkbox"/> Yes– <i>Submit all supporting documentation of trial and failure (including doses tried), contraindications, or intolerances with ursodiol.</i> <input type="checkbox"/> No |
| 5. Will the beneficiary be taking Ocaliva in combination with UDCA? | <input type="checkbox"/> Yes <i>Submit documentation of planned</i> <input type="checkbox"/> No |
| 6. Does the beneficiary have a contraindication or intolerance to UDCA? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

RENEWAL Ocaliva requests

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| 7. Does the beneficiary have documentation of the following lab results since starting Ocaliva and within the past 6 months? <input type="checkbox"/> AST <input type="checkbox"/> GGTP <input type="checkbox"/> bilirubin <input type="checkbox"/> HDL-C <input type="checkbox"/> ALT <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> INR | <input type="checkbox"/> Yes– <i>Submit results and dates of all lab monitoring for all requested values.</i> <input type="checkbox"/> No |
| 8. Is there medical record documentation of a positive clinical response to Ocaliva, as evidenced by liver function test? | <input type="checkbox"/> Yes– <i>Submit results of liver function tests showing positive results</i> <input type="checkbox"/> No |
| 9. Does the beneficiary have complete biliary obstruction? | <input type="checkbox"/> Yes <i>Submit documentation of clinical monitoring</i> <input type="checkbox"/> No |

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.

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| Prescriber Signature: | Date: |
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