HEPATIC AND BILIARY AGENTS PRIOR AUTHORIZATION FORM *(form effective 1/6/2025)*

FAX this completed form to (844) 205-3386

OR Mail requests to: Pharmacy Department | 5 River Park Place East, Suite 210 | Fresno, CA 93720

OR Prior authorization may be completed at https://www.covermymeds.com/main/prior-authorization-forms/

Prior authorization guidelines for **Hepatic and Biliary Agents** and **Quantity Limits/Daily Dose Limits** are available on the PA Health & Wellness website at https://www.pahealthwellness.com/providers/pharmacy.html

☐New request ☐Renewal request	Total pages: ___________	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		NPI:	State license #:
LTC facility contact/phone:		Street address:	
Member name:		City/state/zip:	
Member ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Drug requested:	Strength:	
Dose/directions:	Quantity:	Refills:
Diagnosis (*submit documentation*):	Dx code (*required*):	

Complete all sections that apply to the member 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 member'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 member's diagnosis (eg, alkaline phosphatase, antimitochondrial antibodies, histologic evaluation, imaging)

☐The member 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 member tried and failed optimally titrated doses of ursodeoxycholic acid (UDCA, ursodiol):______________________________

☐The member will take Ocaliva (obeticholic acid) in combination with ursodeoxycholic acid (UDCA, ursodiol), if tolerated

☐The member has a contraindication or history of an intolerance to ursodeoxycholic acid (UDCA, ursodiol):____

pa health & wellness

3. For a PPAR agonist (e.g., Iqirvo [elafibranor], Livdelzi [seladelpar]):

- ☐ The requested drug is prescribed by or in consultation with a hepatologist or gastroenterologist
- ☐ Medical history and lab test results support the member's diagnosis (eg, alkaline phosphatase, antimitochondrial antibodies, histologic evaluation, imaging)
- ☐ The member tried and failed optimally titrated doses of ursodeoxycholic acid (UDCA, ursodiol):________________________
- ☐ The member will take the requested drug in combination with ursodeoxycholic acid (UDCA, ursodiol), if tolerated
- ☐ The member has a contraindication or history of an intolerance to ursodeoxycholic acid (UDCA, ursodiol):________________________

4. For all other non-preferred Hepatic and Biliary Agents:

- ☐ The member tried and failed or has a contraindication or an intolerance to the preferred Hepatic and Biliary Agents approved or medically accepted for the member's diagnosis *(Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.):*________________________

RENEWAL requests

1. For Cholbam (cholic acid):

- ☐ Cholbam (cholic acid) is prescribed by or in consultation with a hepatologist or pediatric gastroenterologist
- ☐ The member experienced improvement in liver function within the first 3 months of treatment with Cholbam (cholic acid)
- ☐ The member 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 member has results of recent LFTs showing a positive clinical response to Ocaliva (obeticholic acid)
- ☐ The member 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

3. For a PPAR agonist (e.g., Iqirvo [elafibranor], Livdelzi [seladelpar]):

- ☐ The requested drug is prescribed by or in consultation with a hepatologist or gastroenterologist
- ☐ The member has results of recent LFTs showing a positive clinical response to the requested drug

4. For all other non-preferred Hepatic and Biliary Agents:

- ☐ The member tried and failed or has a contraindication or an intolerance to the preferred Hepatic and Biliary Agents approved or medically accepted for the member's diagnosis *(Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.):*________________________

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO 844-205-3386

Prescriber Signature:	**Date**:

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Pharmacy Department will respond via fax or phone within 24 hours.

Requests for prior authorization (PA) requests must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)