



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

Prior authorization guidelines for **Hepatic and Biliary Agents** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/pharmacy-services.html>.

<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 ( <i>submit documentation</i> ):	Dx code ( <i>required</i> ):	

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), if tolerated
- The beneficiary has a contraindication or history of an intolerance to ursodeoxycholic acid (UDCA, ursodiol)



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 beneficiary's diagnosis (eg, alkaline phosphatase, antimitochondrial antibodies, histologic evaluation, imaging)
- The beneficiary tried and failed optimally titrated doses of ursodeoxycholic acid (UDCA, ursodiol)
- The beneficiary will take the requested drug in combination with ursodeoxycholic acid (UDCA, ursodiol), if tolerated
- The beneficiary has a contraindication or history of an intolerance to ursodeoxycholic acid (UDCA, ursodiol)

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

- The beneficiary tried and failed or has a contraindication or an intolerance to the preferred Hepatic and Biliary Agents approved or medically accepted for the beneficiary'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 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

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 beneficiary 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 beneficiary tried and failed or has a contraindication or an intolerance to the preferred Hepatic and Biliary Agents approved or medically accepted for the beneficiary'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 DHS – PHARMACY DIVISION**

Prescriber Signature:

Date:

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