

POLICY NAME	Chenodal (chenodiol)	POLICY #	3235P
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Criteria

Coverage Criteria for Gallstone Dissolution

- ☐ **1.1** Documented diagnosis of radiolucent gallstones in well-opacifying gallbladders
 - Documentation to support stones are not calcified (radiopaque) or radiolucent bile pigment stones
- ☐ **1.2** Patient is not a candidate for surgery
- ☐ **1.3** Prescribed by or in consultation with a gastroenterologist (stomach doctor)
- ☐ **1.4** Previous trial and failure, intolerance or contraindication to ursodiol

Coverage Criteria for Cerebrotendinous Xanthomatosis (CTX)

- ☐ **2.1** Diagnosis of cerebrotendinous xanthomatosis as confirmed by genetic testing with evidence of pathogenic CYP27A1 variants
- ☐ **2.2** Prescribed by or in consultation with a metabolic specialist (metabolism doctor)

Exclusion Criteria – Any of the following prevents coverage

- ☐ **3.1** Pregnancy
- ☐ **3.2** Liver dysfunction, bile duct abnormalities, non-visualizing gallbladder after 2 single doses of dye, gallstone complications requiring surgery