Pharmacy Drug Policy Checklist

POLICY NAME	Cholbam (cholic acid)	POLICY #	

Criteria

Exclusion Criteria – Any of the following prevents coverage

☐ **2.1** Cholbam is not covered for the treatment of extrahepatic manifestations of bile acid synthesis disorders due to single enzyme defects or because the safety and effectiveness have not yet been established

Coverage Criteria

☐ **1.1** Ordered by a Hepatologist (liver doctor) or Pediatric Gastroenterologist (stomach doctor for kids)

☐ **1.2** Age 3 weeks or older

☐ **1.3** Documented diagnosis of ONE of the following:
- Documented diagnosis of bile acid disorder due to defects in required enzymes
- Documented diagnosis of peroxisomal disorder (including Zellweger spectrum disorder) and documentation of manifestations of liver disease, steatorrhea (fat in stool), or complications from decreased fat soluble vitamin absorption