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 Policy Number: C16447-A

Ocaliva (obeticholic acid)

PRODUCTS AFFECTED

Ocaliva (obeticholic acid)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:

Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:

Primary biliary cholangitis (PBC)

REQUIRED MEDICAL INFORMATION:

This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. PRIMARY BILIARY CHOLANGITIS:

1. Documented diagnosis of primary biliary cholangitis (PBC)
AND
2. Documentation of TWO of the following that support the diagnosis [DOCUMENTATION REQUIRED]:

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- i. Biochemical evidence of cholestasis based on ALP elevation
- ii. Presence of AMA or other PBC- specific autoantibodies (including sp100 or gp210, if AMA is negative)
- iii. Histologic evidence of nonsuppurative destructive cholangitis and destruction of interlobular bile ducts

AND

3. Documentation of the member's baseline (prior to treatment) alkaline phosphate (ALP) level [DOCUMENTATION REQUIRED]
AND
4. Documentation member has been receiving ursodiol therapy (e.g., ursodiol generics, Urso250®, Urso Forte®, Actigall®) for ≥ 1 year at doses of 13-15 mg/kg/day and has had an inadequate response (alkaline phosphate level > 1.67 times the upper limit of normal); OR According to the prescribing physician the member is unable to tolerate ursodiol therapy
AND
5. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Ocaliva (obeticholic acid) include patients with complete biliary obstruction, patients with decompensated cirrhosis (e.g., Child-Pugh Class B or C) or a prior decompensation event, patients with compensated cirrhosis with evidence of portal hypertension (e.g., ascites, gastroesophageal varices, persistent thrombocytopenia).]
AND
6. Prescriber attests they will monitor the member for hepatic adverse events

CONTINUATION OF THERAPY:

A. PRIMARY BILIARY CHOLANGITIS:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
AND
2. Documentation of positive response to therapy as indicated by alkaline phosphatase (ALP) decrease of at least 15% AND is less than 1.67-times the upper limit of normal (ULN) [DOCUMENTATION REQUIRED]
AND
3. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
AND
4. Prescriber attests that member does not have cirrhosis OR for a member that has cirrhosis, that the member has compensated cirrhosis with no evidence of portal hypertension (e.g., ascites, gastroesophageal varices, persistent thrombocytopenia) and has not had a decompensation event. NOTE: Ocaliva should be permanently discontinued in patients who develop laboratory or clinical evidence of hepatic decompensation or who have compensated cirrhosis and develop evidence of portal hypertension.
AND
5. Documentation the member continues to receive ursodiol therapy OR According to the prescribing physician the member is unable to tolerate ursodiol therapy

DURATION OF APPROVAL:

Initial authorization: 6 months, Continuation of therapy: 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a gastroenterologist, hepatologist, or liver transplant physician. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests.]

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AGE RESTRICTIONS:

18 years of age and older

QUANTITY:

Recommended starting dosage is 5 mg orally once daily for 3 months

If an adequate reduction in ALP and/or total bilirubin has not been achieved after 3 months of 5 mg once daily, and the member is tolerating Ocaliva, increase the dosage to 10 mg once daily.

Maximum Quantity Limits – Max dosage of 10mg once daily

PLACE OF ADMINISTRATION:

The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:

Oral

DRUG CLASS:

Farnesoid X Receptor (FXR) Agonists

FDA-APPROVED USES:

Indicated for the treatment of adult patients with primary biliary cholangitis (PBC), without cirrhosis or with compensated cirrhosis who do not have evidence of portal hypertension, either in combination with ursodeoxycholic acid (UDCA) with an inadequate response to UDCA or as monotherapy in patients unable to tolerate UDCA.

This indication is approved under accelerated approval based on a reduction in alkaline phosphatase (ALP). An improvement in survival or disease-related symptoms has not been established. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

COMPENDIAL APPROVED OFF-LABELED USES:

None

APPENDIX

APPENDIX:

None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Ocaliva is indicated for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults with an inadequate response to UDCA or as monotherapy in adults unable to tolerate UDCA. Ocaliva was approved for this indication under accelerated approval based on reduction in alkaline phosphatase (ALP). An improvement in survival or PBC-related symptoms has not been established. The prescribing information notes that continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Description/Mechanism of Action: Ocaliva is structurally similar to an endogenous bile acid, with the addition of an ethyl group in the 6-alpha position (6 α -ethyl-CDCA), which makes it a 100-fold more potent a key regulator of bile acid, inflammatory, fibrotic, and metabolic pathways. Activation of FXR reduces the

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intracellular concentrations of bile acids in hepatocytes by suppressing de novo synthesis from cholesterol and by increased transport of bile acids out of the hepatocytes. In general, these mechanisms limit the amount of circulating bile acid, while promoting choleresis, and therefore reduce hepatic exposure to bile acids.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Ocaliva (obeticholic acid) are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. Contraindications to Ocaliva (obeticholic acid) include: Patients with complete biliary obstruction, decompensated cirrhosis (e.g., Child-Pugh Class B or C) or a prior decompensation event, or compensated cirrhosis with evidence of portal hypertension (e.g., ascites, gastroesophageal varices, persistent thrombocytopenia).

OTHER SPECIAL CONSIDERATIONS:

Ocaliva has a Black Box Warning for Hepatic Decompensation and Failure in Primary Biliary Cholangitis Patients with cirrhosis. Per the package labeling:

- Hepatic decompensation and failure, sometimes fatal or resulting in liver transplant, have been reported with OCALIVA treatment in primary biliary cholangitis (PBC) patients with either compensated or decompensated cirrhosis.
- OCALIVA is contraindicated in PBC patients with decompensated cirrhosis, a prior decompensation event, or with compensated cirrhosis who have evidence of portal hypertension.
- Permanently discontinue OCALIVA in patients who develop laboratory or clinical evidence of hepatic decompensation, have compensated cirrhosis and develop evidence of portal hypertension, or experience clinically significant hepatic adverse reactions while on treatment.

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:

Ocaliva TABS 5MG, 10MG

REFERENCES

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15. Lindor, K. D., Bowlus, C. L., Boyer, J., Levy, C., & Mayo, M. (2021). Primary biliary cholangitis: 2021 practice guidance update from the American Association for the study of liver diseases. *Hepatology*, 75(4), 1012-1013. doi:10.1002/hep.32117

SUMMARY OF REVIEW/REVISIONS	DATE
ANNUAL REVIEW COMPLETED- No coverage criteria changes with this annual review.	Q1 2024
REVISION- Notable revisions: Required Medical Information Continuation of Therapy FDA-Approved Uses Contraindications/Exclusions/Discontinuation References	Q1 2023
REVISION- Notable revisions: Prescriber Requirements Quantity	Q2 2022
Q2 2022 Established tracking in new format	Historical changes on file