

Renewal request

Total pages: _

■New request

BILE SALTS - CHOLBAM (cholic acid) & OCALIVA (obeticholic acid) PRIOR AUTHORIZATION FORM

(form effective 1/9/2023)

Prior authorization guidelines for **Bile Salts** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx.

Prescriber name:

Name of office contact:		Specialty:				
Contact's phone number:		NPI:	S	State license #:		
LTC facility contact/phone:		Street address:				
Beneficiary name:		City/state/zip:				
Beneficiary ID#:	DOB:	Phone:	none: Fax:		ах:	
CLINICAL INFORMATION						
Drug requested:			Strength:			
Dose/directions:			Quantity:		Refills:	
Diagnosis (<u>submit documentation</u>):			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						
 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):						



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 				
PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS - PHARMACY DIVISION				
Pre	Scriber Signature: Date:			

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