

Medical Policy



Title: Ocaliva (obeticholic acid)

➤ **Prime Therapeutics will review Prior Authorization requests**

Prior Authorization Form:

<http://www.bcbsks.com/CustomService/Forms/pdf/PriorAuth-6453KS-OCVA.pdf>

Link to Drug List (Formulary):

http://www.bcbsks.com/CustomService/PrescriptionDrugs/drug_list.shtml

Professional

Original Effective Date: June 5, 2016

Revision Date(s): June 5, 2016;

October 1, 2016

Current Effective Date: October 1, 2016

Institutional

Original Effective Date: June 5, 2016

Revision Date(s): June 5, 2016;

October 1, 2016

Current Effective Date: October 1, 2016

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION

The intent of the Ocaliva Prior Authorization (PA) program is to ensure that patients prescribed therapy meet the selection requirements defined in product labeling and/or clinical guidelines and/or clinical studies. The PA defines appropriate use as the Food and Drug Administration (FDA) labeled indication or as supported by guidelines and/or clinical evidence.

Target Drugs

- **Ocaliva** (obeticholic acid)

FDA Approved Indications and Dosage

FDA Indication: For 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.

Dosing: The recommended starting dosage is 5 mg orally once daily in adult patients who have not achieved an adequate biochemical response to an appropriate dosage of UDCA for at least 1 year or are intolerant to UDCA.

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

POLICY**Prior Authorization Criteria and Quantity Limits for Approval**

Ocaliva (obeticholic acid) will be approved when the following criteria are met:

Initial Evaluation

Obeticholic acid will be approved when following are met:

1. The patient does NOT have any FDA labeled contraindications to therapy with the requested agent
- AND**
2. The patient has the diagnosis of Primary Biliary Cholangitis (PBC) as evidenced by TWO of the following three criteria at the time of diagnosis:
 - a. There is biochemical evidence of cholestasis with an alkaline phosphatase elevation of at least 1.5 times the upper limit of normal

- b. Presence of antimitochondrial antibody (AMA): a titer of 1:40 or higher
 - c. Histologic evidence of nonsuppurative destruction cholangitis and destruction of interlobular bile ducts
- AND**
- 3. The prescriber has documented the patient's baseline (prior to treatment) phosphatase (ALP) level
- AND**
- 4. ONE of the following:
 - a. BOTH of the following:
 - i. The patient has tried treatment with ursodeoxycholic acid (UDCA) for at least 1 year and had an inadequate response
 - ii. The patient will continue treatment with ursodeoxycholic acid (UDCA) with the requested agent
- OR**
- b. The patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to ursodeoxycholic acid (UDCA)
- AND**
- 5. ONE of the following:
 - a. The requested quantity (dose) is NOT greater than the program quantity limit
- OR**
- b. ALL of the following
 - i. The requested quantity (dose) is greater than the program quantity limit
 - ii. The requested quantity (dose) is less than or equal to the FDA labeled dose
- AND**
- iii. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the limit

Length of Approval: 12 months

Renewal Evaluation

- 1. The patient has been previously approved for therapy through Prime Therapeutics Prior Authorization Review process
- AND**
- 2. The patient does NOT have any FDA labeled contraindications to therapy with the requested agent
- AND**
- 3. ONE of the following:
 - a. The patient is currently on AND will continue treatment with ursodeoxycholic acid (UDCA) with the requested agent
- OR**

- b. The patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to ursodeoxycholic acid (UDCA)

AND

4. The patient has had an alkaline phosphatase (ALP) decrease of at least 15% AND is less than 1.67-times the upper limit of normal (ULN)

AND

5. ONE of the following:
- a. The requested quantity (dose) is NOT greater than the program quantity limit
- OR**
- b. ALL of the following
- i. The requested quantity (dose) is greater than the program quantity limit
- AND**
- ii. The requested quantity (dose) is less than or equal to the FDA labeled dose
- AND**
- iii. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the limit

Length of Approval: 12 months

Agent	Contraindications
Ocaliva (obeticholic acid)	Patients with complete biliary obstruction

Brand (generic)	Quantity Per Day Limit
Ocaliva (obeticholic acid)	
5 mg tablet	1 tablet
10 mg tablet	1 tablet

RATIONALE¹⁻³

Primary biliary cholangitis (PBC; also formerly known as primary biliary cirrhosis) is a female dominated (75-90%) progressive autoimmune disease of unknown etiology. However, it is believed to be due to both genetic predisposition and environmental triggers (e.g. infection with organisms of the family Enterobacteriaceae). Although not studied systemically, PBC has a published overall prevalence of 40.2 cases per 100,000 population (age- and sex- adjusted) and an overall incidence of 2.7 cases per 100,000 population (age-adjusted) in the United States. PBC involves an immunologic attack on the intrahepatic bile ducts ultimately leading to cirrhosis and liver failure. The majority of patients with PBC (90-95%) have the characteristic serologic signature AMA (antimitochondrial antibody), which has a 98% specificity for the disease.

The American Association for the Study of Liver Diseases (AASLD) recommends the following for PBC diagnosis: Two of the following three criteria must be met:

1. There is biochemical evidence of cholestasis based on mainly an alkaline phosphatase elevation (at least 1.5 times the upper limit of normal)

2. Presence of AMA (a titer of 1:40 or higher)
3. Histologic evidence of nonsuppurative destruction cholangitis and destruction of interlobular bile ducts

Historically, ursodeoxycholic acid (ursodiol, UDCA) was the only FDA approved treatment for PBC and is advocated as first-line therapy due to its ability to delay progression to end-stage liver disease, enhance survival, and its good tolerability by patients. Improvement (assessed on liver biochemical tests) on UDCA typically occurs by 6-9 months with 20% of patients achieving normalization of liver biochemical tests by year 2. After 5 years, another 15-35% will have normalization. A liver biopsy is typically done when there is a suboptimal response to assess disease activity. Beyond cirrhosis and liver failure, there are many other complications of PBC that need treatment. Complications include: pruritus, metabolic bone disease, hypercholesterolemia, xanthomas, malabsorption, vitamin deficiencies, hypothyroidism, and anemia.

Ocaliva's indication was approved under accelerated approval based on a reduction in alkaline phosphatase (ALP). An improvement in survival or disease-related symptoms has not been established. The primary endpoint in trial 1 was a responder analysis at Month 12, where response was defined as a composite of three criteria: ALP less than 1.67-times the ULN, total bilirubin less than or equal to ULN, and an ALP decrease of at least 15%.

REVISIONS

06-05-2016	Ocaliva (obeticholic acid) added to New to Market Drug medical policy effective 06-05-2016.
10-01-2016	Stand-alone policy effective 10-01-2016.

REFERENCES

1. UpToDate. Overview of the treatment of primary biliary cholangitis (primary biliary cirrhosis). http://www.uptodate.com/contents/overview-of-the-treatment-of-primary-biliary-cholangitis-primary-biliary-cirrhosis?source=search_result&search=primary+biliary+cirrhosis&selectedTitle=1%7E132. Accessed 12/16/2015.
2. American Association for the Study of Liver Diseases (AASLD) Practice Guidelines. Primary Biliary Cirrhosis. 2009. http://www.aasld.org/sites/default/files/guideline_documents/PrimaryBiliaryCirrhosis2009.pdf. Accessed 12/16/2015.
3. Medscape. Primary Biliary Cirrhosis. <http://emedicine.medscape.com/article/171117-overview>. Accessed 12/16/2015.
4. Ocaliva prescribing information. Intercept. May 2016.