Pharmacy Policy Bulletin: J-0717 Cholbam (cholic acid) – Commercial and Healthcare Reform	
Number: J-0717	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.)** **1.** Miscellaneous Specialty Drugs Oral = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-0717-009	**Original Date:** 06/03/2015
Effective Date: 12/20/2024	**Review Date:** 12/04/2024

Drugs Product(s):	• Cholbam (cholic acid)
FDA-Approved Indication(s):	• Treatment of bile acid synthesis disorders due to single enzyme defects (SEDs) • Adjunctive treatment of peroxisomal disorders (PDs), including Zellweger spectrum disorders, in patients who exhibit manifestations of liver disease, steatorrhea, or complications from decreased fat-soluble vitamin absorption

Background:

- Cholbam's active ingredient is cholic acid, which is a primary bile acid synthesized from cholesterol in the liver. Cholbam replaces deficient bile acids, which are responsible for physiologic feedback inhibition of bile acid synthesis. In addition, bile acids facilitate both fat digestion and absorption by forming mixed micelles and absorption of fat-soluble vitamins in the intestine.
- In bile acid synthesis disorders due to SEDs and in PDs, primary bile acid deficiency leads to unregulated accumulation of intermediate bile acids and cholestasis because there is no final product to exert feedback inhibition.
- Assessment of serum or urinary bile acid levels using mass spectrometry is used in the diagnosis of bile acid synthesis disorders due to SEDs and PDs including Zellweger spectrum disorders. Genetic testing is also available.

Table 1: Bile Acid Synthesis Disorders Due to SEDs

List of Single Enzyme Defects
3β-HSD
AKR1D1
CTX
AMACR
CYP7A1
Smith-Lemli-Opitz

Table 2: Types of Peroxisomal Disorders

Types of Peroxisomal Disorders

Neonatal Adrenoleukodystropyhy
Generalized Peroxisomal Disorder
Refsum Disease
Zellweger Syndrome
Peroxisomal Disorder, Type Unknown

- Cholbam is used as adjunctive treatment for peroxisomal disorders. It may be paired with vitamin replacement and dietary adjustments.
- In PDs, the biochemical findings in the disorders of peroxisomal biogenesis are due to deficient very long-chain fatty acids (VLCFA) beta-oxidation, phytanic acid oxidation, and plasmalogen synthesis. This results in increased plasma VLCFA concentration, increased concentrations of phytanic acid, pristanic acid, and pipecolic acid in plasma and fibroblasts, and reduced erythrocyte concentration of plasmalogen.
- Prescribing Considerations:
    - Safety and effectiveness of Cholbam on extrahepatic manifestations of bile acid synthesis disorders due to SEDs or PDs, including Zellweger spectrum disorders, have not been established.
    - Liver function should be monitored while taking Cholbam. If it worsens, treatment should be discontinued. Concurrent elevations of serum GGT and serum ALT may indicate Cholbam overdose.
    - Discontinue Cholbam if liver function does not improve within 3 months of starting treatment, if complete biliary obstruction develops, or if there are persistent clinical or laboratory indicators of worsening liver function or cholestasis; continue to monitor liver function and consider restarting at a lower dose when parameters return to baseline.
    - Treatment with Cholbam should be initiated and monitored by an experienced hepatologist or pediatric gastroenterologist.

Approval Criteria

I. Initial Authorization

A. Bile Acid Synthesis Disorders

When a benefit, coverage for Cholbam may be approved when all of the following criteria are met **(1. and 2.)**:

1. The member is 3 weeks of age or older.

2. The member has a diagnosis of bile acid synthesis disorders (ICD-10: E78.7, excluding E78.71) due to a single enzyme defect from *Table 1* confirmed by one (1) of the following **(a. or b.)**:

a. Abnormal urinary bile acid detected by mass spectrometry (e.g., Fast Atom Bombardment ionization – Mass Spectrometry [FAB-MS])

b. Other biochemical or genetic testing

B. Peroxisomal Disorders

When a benefit, coverage for Cholbam may be approved when all of the following criteria are met **(1. through 4.)**:

1. The member is 3 weeks of age or older.

2. The member has a diagnosis of peroxisomal disorder (see *Table 2*) (ICD-10: E71.5), including Zellweger spectrum disorders, confirmed by one (1) of the following **(a. or b.)**:

a. Abnormal urinary bile acid detected by mass spectrometry (e.g., Fast Atom Bombardment ionization – Mass Spectrometry [FAB-MS])

b. Other biochemical or genetic testing

3. The member is using Cholbam as adjunctive treatment.

4. The member exhibits one (1) of the following manifestations **(a., b., or c.)**:

a. Liver disease

b. Steatorrhea
c. Complications from decreased fat-soluble vitamin absorption

II. Reauthorization
When a benefit, reauthorization of Cholbam may be approved when the following criterion is met **(A.)**:
A. The prescriber attests that the member has experienced positive clinical response to therapy.

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.
II. For Commercial and HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

Initial Authorization

- Commercial and HCR plans: If approved, up to a 3 month authorization may be granted.

Reauthorization

- Commercial and HCR plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None.

References:
1. Cholbam [package insert]. San Diego, CA: Travere Therapeutics, Inc.; March 2023.