PRIOR AUTHORIZATION POLICY

POLICY: Hepatology – Ocaliva Prior Authorization Policy
- Ocaliva® (obeticholic acid tablets – Intercept Pharmaceuticals)

REVIEW DATE: 07/19/2023

OVERVIEW

Ocaliva, a faresoid X receptor agonist, is indicated for the treatment of **primary biliary cholangitis** in adults without cirrhosis, or with compensated cirrhosis who do not have evidence of portal hypertension.[1] It is specifically indicated to be given either in combination with ursodeoxycholic acid (UDCA) in adults with an inadequate response to UDCA or as monotherapy in adults unable to tolerate UDCA.

Guidelines

The American Association for the Study of Liver Diseases (AASLD) guidelines for primary biliary cholangitis (2018) state that the diagnosis can be confirmed when patients meet two of the following criteria: 1) there is cholestasis as evidenced by alkaline phosphatase elevation; 2) anti-mitochondrial antibodies are present, or if negative for anti-mitochondrial antibodies, other primary biliary cholangitis-specific autoantibodies, including sp100 or gp210, are present; 3) there is histologic evidence of nonsuppurative destructive cholangitis and destruction of interlobular bile ducts. It is specifically noted that diagnosis in a patient who is negative for anti-mitochondrial antibodies does not require a liver biopsy if other diagnostic criteria are met.[4] Treatment with UDCA (available in the US as ursodiol) is the recommended treatment for patients with primary biliary cholangitis who have abnormal liver enzyme values regardless of histologic stage.[3] Following 12 months of UDCA therapy, the patient should be evaluated to determine if second-line therapy is appropriate. It is estimated that up to 40% of patients have an inadequate response to UDCA; Ocaliva should be considered for these patients. An update to the 2018 AASLD guidelines for primary biliary cholangitis (2021) provide two updated recommendations:[9] 1) Fibrates can be considered as off-label alternatives for patients with primary biliary cholangitis and inadequate response to UDCA. However, fibrates are discouraged in patients with decompensated liver disease; and 2) Ocaliva is contraindicated in patients with advanced cirrhosis, defined as cirrhosis with current or prior evidence of liver decompensation (e.g., encephalopathy, coagulopathy) or portal hypertension (e.g., ascites, gastroesophageal varices, or persistent thrombocytopenia). In addition, the AASLD recommends careful monitoring of any patient with cirrhosis, even if not advanced, receiving Ocaliva.

The European Association for the Study of the Liver guidelines for diagnosis and management of patients with primary biliary cholangitis (2017) make similar recommendations.[7]

Safety

Ocaliva has a Boxed warning regarding hepatic decompensation and failure in patients with primary biliary cholangitis and cirrhosis.[1] Ocaliva is contraindicated in patients with primary biliary cholangitis with decompensated cirrhosis and patients with a prior decompensation event. It is also contraindicated in patients with compensated cirrhosis with evidence of portal hypertension (e.g., ascites, gastroesophageal varices, and persistent thrombocytopenia) as well as those with complete biliary obstruction.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Ocaliva. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Ocaliva as well as the monitoring required for adverse events and long-term efficacy, approval requires Ocaliva to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Ocaliva is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Primary Biliary Cholangitis.** Approve Ocaliva for the duration noted if the patient meets one of the following (A or B):
   Note: Primary Biliary Cholangitis is also known as Primary Biliary Cirrhosis.
   - **A)** Initial Therapy. Approve for 6 months if the patient meets the following (i, ii, iii, and iv):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** According to the prescriber, the patient has a diagnosis of primary biliary cholangitis as defined by TWO of the following (TWO of a, b, or c):
       - **a)** Alkaline phosphatase is elevated above the upper limit of normal as defined by normal laboratory reference values; OR
       - **b)** Positive anti-mitochondrial antibodies or other primary biliary cholangitis-specific auto-antibodies, including sp100 or gp210, if anti-mitochondrial antibodies are negative; OR
       - **c)** Histologic evidence of primary biliary cholangitis from a liver biopsy; AND
     - **iii.** Patient meets ONE of the following (a or b):
       - **a)** Patient has been receiving ursodiol therapy for ≥ 1 year and has had an inadequate response according to the prescriber; OR
       - **b)** According to the prescriber the patient is unable to tolerate ursodiol therapy; AND
         Note: Examples of ursodiol therapy include ursodiol generic tablets and capsules, Urso 250, Urso Forte, and Actigall.
     - **iv.** Patient meets one of the following (a or b):
       - **a)** Patient does not have cirrhosis; OR
       - **b)** Patient has compensated cirrhosis without evidence of portal hypertension; AND
         Note: Examples of evidence of portal hypertension include ascites, gastroesophageal varices, and persistent thrombocytopenia. Ocaliva is contraindicated in these patients.
     - **v.** The medication is prescribed by or in consultation with a gastroenterologist, hepatologist, or liver transplant physician.
   - **B)** Patient is Currently Receiving Therapy. Approve for 1 year if the patient meets both of the following (i and ii):
     - **i.** Patient meets one of the following (a or b):
       - **a)** Patient does not have cirrhosis; OR
       - **b)** Patient has compensated cirrhosis without evidence of portal hypertension; AND
         Note: Examples of evidence of portal hypertension include ascites, gastroesophageal varices, and persistent thrombocytopenia. Ocaliva is contraindicated in these patients.
     - **ii.** Patient has responded to Ocaliva as determined by the prescriber.

Note: Examples of a response to Ocaliva therapy are improved biochemical markers of primary biliary cholangitis (e.g., alkaline phosphatase [ALP], bilirubin, gamma-glutamyl transpeptidase [GGT], aspartate aminotransferase [AST], alanine aminotransferase [ALT]).

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Ocaliva is not recommended in the following situations:

1. **Alcoholic Liver Disease**. There are no data available to support the use of Ocaliva in patients with alcoholic hepatitis. Ocaliva is not FDA-approved for this indication and current alcoholic liver disease guidelines from AASLD (2019) do not make recommendations regarding therapy with Ocaliva.[1,8] Additional well-controlled studies are needed.

2. **Nonalcoholic Fatty Liver Disease (NAFLD), including Nonalcoholic Fatty Liver (NAFL) or Nonalcoholic Steatohepatitis (NASH).** Ocaliva is not FDA-approved for this indication and current NAFLD guidelines from AASLD (2023) do not recommend the off-label use of obeticholic acid to treat NASH until additional safety and efficacy data become available.[1,8]

3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Ocaliva® tablets [prescribing information]. Morristown, NJ: Intercept Pharmaceuticals; May 2022.
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6. European Association for the Study of the Liver (EASL). EASL clinical practice guidelines: the diagnosis and management of patients with primary biliary cholangitis. *J Hepatol*. 2017;67:145-172.
7. Crabb DW, Im GY, Szabo G, et al. Diagnosis and treatment of alcohol-associated liver diseases: 2019 practice guidance from the American Association for the Study of Liver Diseases. *Hepatology*. 2020;71(1):306-333.
8. Rinella, M, Neuschwander B, Siddiqui, M, et al. AASLD Practice Guidance on the clinical assessment and management of nonalcoholic fatty liver disease. Hepatology 77(5):1797-1835, May 2023.
9. Lindor KD, Bowe CL, Boyer J, et al. Primary biliary cholangitis: 2021 practice guideline update from the American Association for the Study of Liver Diseases. *Hepatology.* 2022;75:1012-1013.