Ocaliva

Description

Ocaliva (obeticholic acid)

Background
Ocaliva is used for the treatment of primary biliary cholangitis (PBC) which is a disease that causes the small bile ducts in the liver to become inflamed, damaged and ultimately destroyed. This causes the bile to remain in the liver, which damages the liver cells over time, and results in cirrhosis, or scarring of the liver. As cirrhosis progresses, and the amount of scar tissue in the liver increases, the liver loses its ability to function. Ocaliva increases bile flow from the liver and suppresses bile acid production in the liver, thus reducing the exposure of the liver to toxic levels of bile acids (1).

Regulatory Status
FDA-approved indication: Ocaliva, a farnesoid X receptor (FXR) agonist, 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 (1).

Ocaliva has a boxed warning for hepatic decompensation and failure in incorrectly dosed PBC patients with decompensated cirrhosis or Child-Pugh Class B or C hepatic impairment. The recommended starting dose of Ocaliva is 5 mg once weekly for patients with Child-Pugh Class B or C hepatic impairment or a prior decompensation event (1).

Ocaliva may cause liver-related adverse reactions including jaundice, worsening ascites, and primary biliary cholangitis flares. Patients should be monitored during treatment for elevations in liver biochemical tests, for the development of liver-related adverse reactions, and for changes
in serum lipid levels. Physicians should weigh the potential risks against the benefits of continuing treatment with Ocaliva in patients who have experienced clinically significant liver-related adverse reactions. Ocaliva is contraindicated in patients with complete biliary obstruction and should not be used in these patients. Ocaliva should be discontinued in patients who develop complete biliary obstruction. For patients who do not respond to Ocaliva after 1 year at the highest recommended dosage that can be tolerated (maximum of 10 mg once daily), and who experience a reduction in HDL-C, weigh the potential risks against the benefits of continuing treatment. Dose adjustment of Ocaliva is recommended for patients with moderate and severe hepatic impairment (1).

The recommended starting dosage of Ocaliva is 5 mg orally once daily in adults who have not achieved an adequate response to an appropriate dosage of UDCA for at least 1 year or are intolerant to UDCA. If adequate reduction in alkaline phosphatase (ALP) and/or total bilirubin has not been achieved after 3 months of Ocaliva 5 mg once daily and the patient is tolerating Ocaliva, the dosage may be increased to 10 mg once daily. The maximum dosage is no more than 10 mg once daily. Initiation of therapy with Ocaliva 10 mg once daily is not recommended due to an increased risk of pruritus (1).

The Food and Drug Administration (FDA) has warned that Ocaliva is being incorrectly dosed in some patients with moderate to severe decreases in liver function, resulting in an increased risk of serious liver injury and death. Prescribers should determine the patient’s baseline liver function prior to starting Ocaliva. Patients with moderate to severe liver impairment (Child-Pugh B and C) should be started on the approved dosing schedule of 5 mg once weekly, rather than the 5 mg daily dosing used for other PBC patients, and if needed, can be increased up to a maximum approved dose of 10 mg twice weekly (2).

The safety and effectiveness of Ocaliva in pediatric patients have not been established (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Ocaliva may be considered medically necessary in patients that are 18 years of age and older for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) and if the conditions indicated below are met.
Ocaliva is considered investigational in patients that are less than 18 years of age and for all other indications.

**Prior-Approval Requirements**

**Age**

18 years of age or older

**Diagnosis**

Patient must have the following:

1. Primary biliary cholangitis (PBC)

AND ONE of the following:

a. Inadequate response
   i. Submission of medical records (e.g. chart notes, laboratory values) documenting a history of a minimum of a 1 year trial of ursodeoxycholic acid (UDCA)

b. Intolerance
   i. Submission of medical records (e.g. chart notes, laboratory values) documenting an intolerance which is unable to be resolved with attempts to minimize the adverse effects where appropriate (e.g. dose reduction) with a history of a trial of ursodeoxycholic acid (UDCA)

AND ALL of the following:

a. Ocaliva must be used in combination with UDCA in patients who are tolerant or used as monotherapy in patients who are unable to tolerate UDCA.

b. NO preliminary biliary obstruction prior to initiation of therapy and agreement to discontinue therapy if complete biliary obstruction develops.

c. Physician agrees to frequently monitor patient during treatment for elevations in liver biochemical tests, development of liver-related adverse reactions, and for changes in serum lipid levels

d. Physician agrees to reducing dosing to once or twice weekly for patients who progress to moderate or severe liver impairment and discontinue Ocaliva if liver injury is suspected

e. Physician agrees to start on Ocaliva 5mg weekly in patients with moderate to severe liver impairment (Child-Pugh B and C)
f. Submission of medical records (e.g. chart notes, laboratory values) with confirmation of diagnosis with elevated serum alkaline phosphatase level AND ONE of the following tests:
   i. Positive antimitochondrial antibody test
   ii. Liver biopsy
   iii. Ultrasound scan of liver

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

**Prior – Approval Renewal Requirements**

**Age**

18 years of age or older

**Diagnosis**

Patient must have the following:

1. Primary biliary cholangitis (PBC)

**AND** the following:

a. Patient monitoring during treatment for elevations in liver biochemical tests, development of liver-related adverse reactions, and for changes in serum lipid levels
b. The physician has weighed the potential risks against the benefits of continuing treatment in patients experiencing clinically significant liver-related adverse reactions
c. Physician agrees to reducing dosing to once or twice weekly for patients who progress to moderate or severe liver impairment and discontinue Ocaliva if liver injury is suspected
d. Physician agrees to maintain patient on appropriate weekly dosing in patients with moderate to severe liver impairment (Child-Pugh B and C)
e. **NO** evidence of complete biliary obstruction
f. Submission of medical records (e.g. chart notes, laboratory values) with confirmation of patient improvement with **ALL** of the following:
   i. Serum alkaline phosphatase (ALP) decrease of at least 15%
   ii. Total bilirubin level of $\leq 1.1$ mg/dL for females and $\leq 1.5$mg/dL for males
All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

**Policy Guidelines**

**Pre - PA Allowance**

None

**Prior - Approval Limits**

**Quantity** 90 tablets per 90 days

**Duration** 6 months

**Prior – Approval Renewal Limits**

**Quantity** 90 tablets per 90 days

**Duration** 12 months

**Rationale**

**Summary**

Ocaliva, a farnesoid X receptor (FXR) agonist, 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. Patients should be monitored during treatment for elevations in liver biochemical tests, for the development of liver-related adverse reactions, and for changes in serum lipid levels. Ocaliva is contraindicated in patients with complete biliary obstruction and should not be used in these patients. The recommended starting dosage of Ocaliva is 5 mg orally once daily in adults who have not achieved an adequate response to an appropriate dosage of UDCA for at least 1 year or are intolerant to UDCA. The safety and effectiveness of Ocaliva in pediatric patients have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate and cost effective use of Ocaliva while maintaining optimal therapeutic outcomes.
Section: Prescription Drugs  Effective Date: January 1, 2020
Subsection: Gastrointestinal Agents  Original Policy Date: June 24, 2016
Subject: Ocaliva  Page: 6 of 6

References

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<td>June 2016</td>
<td>Addition to PA</td>
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<td></td>
<td>Addition of Managed PA</td>
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<td>September 2016</td>
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<tr>
<td>March 2017</td>
<td>Change in initiation duration from 3 months to 6 months</td>
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<tr>
<td>June 2017</td>
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<tr>
<td>November 2017</td>
<td>Addition of a physician requirement to reduce the dosing to once or twice weekly for patients who progress to moderate or severe liver impairment and discontinue Ocaliva if liver injury is suspected and start patients on 5mg weekly who have moderate to severe liver impairment (Child-Pugh B and C), Revision to PA limits</td>
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<td>March 2018</td>
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<tr>
<td>March 2019</td>
<td>Annual editorial review and reference update</td>
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<tr>
<td>September 2019</td>
<td>Revised quantity limits to set strengths together and allow 10 mg tablets for initiation</td>
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<tr>
<td>October 2019</td>
<td>Revised requirements to require a baseline serum alkaline phosphatase level. Removed submission of medical records needed for certain requirements and removed trial of 1 year for intolerance to UDCA</td>
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Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 6, 2019 and is effective January 1, 2020.