

**HEPATIC AND BILIARY AGENTS PRIOR AUTHORIZATION FORM** (form effective 1/5/2026)

FAX this completed form to (844) 205-3386

OR Mail requests to: Pharmacy Department | 5 River Park Place East, Suite 210 | Fresno, CA 93720

OR Prior authorization may be completed at <https://www.covermymeds.com/main/prior-authorization-forms/>

Prior authorization guidelines for **Hepatic and Biliary Agents** and **Quantity Limits/Daily Dose Limits** are available on the PA Health & Wellness website at <https://www.pahealthwellness.com/providers/pharmacy.html>.

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request	Total pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		NPI:	State license #:
LTC facility contact/phone:		Street address:	
Member name:		City/state/zip:	
Member ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Drug requested:	Strength:	
Dose/directions:	Quantity:	Refills:
Diagnosis (<u>submit documentation</u>):	Dx code (<u>required</u>):	

Complete all sections that apply to the member and this request.***Check all that apply and submit documentation for each item.*****INITIAL requests****1. 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 member's diagnosis (eg, serum or urinary bile acid levels using mass spectrometry, neurologic exam)

2. For a PPAR AGONIST (e.g., Iqirvo [elafibranor], Livdelzi [seladelpar lysine]):

- ☐ The requested drug is prescribed by or in consultation with a hepatologist or gastroenterologist
- ☐ Medical history and lab test results support the member's diagnosis (eg, alkaline phosphatase, antimitochondrial antibodies, histologic evaluation, imaging)
- ☐ The member tried and failed optimally titrated doses of ursodeoxycholic acid (UDCA, ursodiol)
- ☐ The member will take the requested drug in combination with ursodeoxycholic acid (UDCA, ursodiol)
- ☐ The member has a contraindication or history of an intolerance to ursodeoxycholic acid (UDCA, ursodiol)

3. For all other NON-PREFERRED Hepatic and Biliary Agents:

- ☐ Tried and failed or has a contraindication or an intolerance to the preferred Hepatic and Biliary Agents (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.)

RENEWAL requests**1. For CHOLBAM (cholic acid):**

- ☐ Cholbam (cholic acid) is prescribed by or in consultation with a hepatologist or pediatric gastroenterologist
- ☐ The member experienced improvement in liver function within the first 3 months of treatment with Cholbam (cholic acid)
- ☐ The member does NOT have complete biliary obstruction, persistent clinical or lab indicators of worsening liver function, or cholestasis

2. For a PPAR AGONIST (e.g., Iqirvo [elafibranor], Livdelzi [seladelpar lysine]):

- ☐ The requested drug is prescribed by or in consultation with a hepatologist or gastroenterologist
- ☐ The member has results of recent LFTs showing a positive clinical response to the requested drug

3. For all other NON-PREFERRED Hepatic and Biliary Agents:

- ☐ Tried and failed or has a contraindication or an intolerance to the preferred Hepatic and Biliary Agents (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.)

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO 844-205-3386

Prescriber Signature:

Date:

Confidentiality Notice: The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.

Pharmacy Department will respond via fax or phone within 24 hours.

Requests for prior authorization (PA) requests must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)