PURPOSE OF THE POLICY

To establish prior authorization criteria for Chenodal.

STATEMENT OF THE POLICY

Health Alliance Medical Plans will approve the use of Chenodal when the following criteria have been met.

CRITERIA

1. Coverage Criteria

   1.1 All FDA approved indications not otherwise excluded from Medicare Part D
   1.2 Requires ultra-sonograms, stone description, liver function test, and reason why patient is not a candidate for surgery
   1.3 Coverage requires trial and failure of ursodiol
   1.4 Coverage duration for initial request will be for 6 months, if there is a response an additional 6 months, for partial or no response a maximum 12 more months
   1.5 Prescribed by gastroenterologist

2. Exclusion Criteria

   2.1 Pregnancy
   2.2 Liver dysfunction, bile duct abnormalities, non-visualizing gallbladder after 2 single doses of dye, radiopaque stones, gallstone complications requiring surgery

REFERENCES