



**GEORGIA MEDICAID FEE-FOR-SERVICE
OCALIVA PA SUMMARY**

Preferred	Non-Preferred
Actigall (ursodiol 300 mg capsules) Ocaliva (obeticholic acid)* Ursodiol 250 mg, 500 mg tablets generic	n/a

*Requires PA

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with primary biliary cholangitis/primary biliary cirrhosis (PBC) when member has tried ursodeoxycholic acid (UDCA)/ursodiol (Actigall, Urso) for at least 1 year and failed to achieve an adequate biochemical response or member has an allergy, contraindication, drug-drug interaction or intolerable side effect with ursodeoxycholic acid (UDCA)/ursodiol (Actigall, Urso)

AND

- ❖ Must be used in combination with or member must be unable to take ursodeoxycholic acid (UDCA)/ursodiol (Actigall, Urso)

AND

- ❖ Must be prescribed by or in consultation with a healthcare provider with experience in managing primary biliary cholangitis/primary biliary cirrhosis .
- ❖ If the member has moderate to severe hepatic impairment (Child-Pugh B or C), the dosing frequency must be limited to a maximum of 10 mg twice weekly at least 3 days apart.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.



QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.