CHOLIC ACID

Generic	Brand	HICL	GCN	Exception/Other
CHOLIC ACID	CHOLBAM	39124		ROUTE = ORAL

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient exhibit manifestations of liver disease, steatorrhea, or complications from decreased fat-soluble vitamin absorption secondary to one of the following conditions:
   - Bile acid synthesis disorders **or**
   - Peroxisomal disorders (i.e., Zellweger spectrum disorders)?

   If yes, **approve for 3 months by HICL.**
   If no, do not approve.
   INITIAL DENIAL TEXT: Our guideline for **CHOLIC ACID** requires that the patient exhibit manifestations of liver disease, steatorrhea, or complications from decreased fat-soluble vitamin absorption secondary to one of the following conditions:
   - Bile acid synthesis disorders **or**
   - Peroxisomal disorders (i.e., Zellweger spectrum disorders).

RENEWAL CRITERIA

1. Did the patient experience improvement in liver function (as defined by at least one of the following criteria):
   - ALT or AST values reduced to<50 U/L or baseline levels reduced by 80% **or**
   - Total bilirubin values reduced to <1 mg/Dl **or**
   - No evidence of cholestasis on liver biopsy?

   If yes, **approve for 12 months by HICL.**
   If no, do not approve.
   RENEWAL DENIAL TEXT: Our guideline for **CHOLIC ACID** renewal requires improvement in liver function (as defined by at least one of the following criteria):
   - ALT or AST values reduced to<50 U/L or baseline levels reduced by 80% or
   - Total bilirubin values reduced to <1 mg/dL or
   - No evidence of cholestasis on liver biopsy.

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RATIONALE

Promote appropriate utilization of Cholbam (cholic acid) based on FDA approved indication.

Cholbam (cholic acid) is the first FDA approved treatment for pediatric and adult patients with bile acid synthesis disorders due to single enzyme defects (SEDs), and for patients with peroxisomal disorders (PDs), including Zellweger spectrum disorders. Ursodeoxycholic acid treatment has been found to have limited benefits for the treatment of bile acid defects, however, oral primary bile acid replacement by chenodeoxycholic acid or cholic acid is required for these defects to down-regulate endogenous bile acid synthesis. Cholic acid is now recognized as the bile acid of choice because it is not hepatotoxic, and it is effective therapy for errors in bile acid synthesis due to SEDs. Cholic acid has previously been available as an Investigation New Drug (IND), and study trials for cholic acid have exceeded eighteen years in duration.

The combined incidence of peroxisomal disorders is in excess of 1 in 20,000 individuals. Zellweger syndrome (ZWS) is the most common peroxisomal disorder to manifest itself in early infancy. Its incidence has been estimated to be 1 in 50,000-100,000. Patients with these rare disorders lack the enzymes needed to synthesize cholic acid, a primary bile acid normally produced in the liver from cholesterol. The absence of cholic acid in these patients leads to reduced bile flow, and malabsorption of fats and fat-soluble vitamins in the diet. If untreated, patients fail to grow and can develop life-threatening liver injury.

FDA APPROVED INDICATION

- Treatment of bile acid synthesis disorders due to single enzyme defects (SEDs).
- Adjunctive treatment of peroxisomal disorders (PDs) including Zellweger spectrum disorders in patients who exhibit manifestations of liver disease, steatorrhea or complications from decreased fat-soluble vitamin absorption.

Limitations of use: The effectiveness of Cholbam for the management of extrahepatic manifestations of bile acid synthesis disorders due to SEDs or PDs has not been established.

DOSAGE

The dosage regimen for bile acid synthesis disorders due to SEDs and for PDs, including Zellweger Spectrum Disorders, is 10 to 15mg/kg given orally once daily or in two divided doses. Patients with newly diagnosed or a family history of familial hypertriglyceridemia may have poor absorption of Cholbam and require a 10% increase in the recommended dosage (11 to 17mg/kg orally once or twice daily).

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DOSAGE (CONTINUED)
Cholbam is available in 50mg and 250mg capsules and should be given in the lowest dose that effectively maintains liver function. Cholbam should be taken with food, and at least one hour before or 4-6 hours after a bile acid binding resin or an aluminum-based antacid. For patients unable to swallow the capsules, the capsules can be opened and the contents mixed with either infant formula or expressed breast milk (for younger children), or soft food such as mashed potatoes or apple puree (for older children and adults) in order to mask any unpleasant taste.

REFERENCES

- Cholbam [Prescribing Information]. Baltimore, MD: Asklepion Pharmaceuticals, LLC; March 2015.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 07/01/15
Created: 04/15
Client Approval: 05/15
P&T Approval: 05/15