



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Chenodal™ (chenodiol)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Only approvable for members with gallstone dissolution disorders who have previously had an inadequate biochemical response to treatment with an appropriate dosage of ursodiol tablets
- Not U.S. Food and Drug Administration (FDA)-approved for primary biliary cholangitis (PBC)