



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Cholbam™ (cholic acid)

**Review Criteria**

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Only approvable for treatment of bile acid synthesis disorders requiring treatment with a primary bile acid (i.e., cholic acid and not ursodiol)
- Not U.S. Food and Drug Administration (FDA)-approved for primary biliary cholangitis (PBC) or gallstone disorder management