

Clinical Policy Title:	chenodiol
Policy Number:	RxA.901
Drug(s) Applied:	Ctexli
Original Policy Date:	8/25/2025
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Cholestanol storage disease (must meet all):

1. Diagnosis of cerebrotendinous xanthomatosis (CTX);
2. Patient has a baseline liver transaminase (e.g. AST/ALT) level of less than or equal to 3 times the upper limit of normal;
3. Patient has a baseline bilirubin level of less than or equal to 2 times the upper limit of normal;
4. The diagnosis is established by ONE of the following (i or ii):
 - i. Patient has a molecular genetic test demonstrating a pathogenic variant in the cytochrome P450 27A1 (CYP27A1) gene;
 - ii. Patient has a laboratory test demonstrating elevated serum cholestanol levels;

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Cholestanol storage disease (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval duration

All Lines of Business (except Medicare): 12 months

References

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	8/25/2025	N/A
Policy reviewed	12/11/2025	12/11/2025

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