Clinical Policy Title:	chenodiol
Policy Number:	RxA.65
Drug(s) Applied:	Chenodal®
Original Policy Date:	02/07/2020
Last Review Date:	03/09/2021
Line of Business Policy Applies to:	All lines of business

Background

Chenodiol (Chenodal®) is a naturally occurring human bile acid. It is indicated for patients with radiolucent stones in well-opacifying gallbladders, in whom selective surgery would be undertaken except for the presence of increased surgical risk due to systemic disease or age.

Limitation(s) of use: Safety of use beyond 24 months is not established. Chenodiol will not dissolve calcified (radiopaque) or radiolucent bile pigment stones.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
Chenodiol (Chenodal®)	Treatment of cholelithiasis via the dissolution of radiolucent cholesterol gallstones	The recommended range is 13 to 16 mg/kg/day PO in two divided doses, morning and night, starting with 250 mg BID the first two weeks and increasing by 250 mg/day each week thereafter until the recommended or maximum tolerated dose is reached. Chenodiol should be discontinued if there is no response by 18 months.	18 mg/kg/day

Dosage Forms

- Tablet: 250 mg film-coated

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Radiolucent Gallstones (must meet all):

1. Presence of radiolucent stones in well-opacifying gallbladders;

2. Age ≥ 18 years;
3. Failure of a 6-month trial of ursodiol, unless contraindicated or clinically significant adverse effects are experienced;
4. Member is not a candidate for surgery (e.g., due to systemic disease or age);
5. Dose does not exceed 18 mg per kg per day.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

II. Continued Therapy Approval

A. Radiolucent Gallstones (must meet all**):**

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. Total treatment duration does not exceed 24 months;
4. If request is for a dose increase, new dose does not exceed 18 mg per kg per day.

Approval Duration
Commercial: 12 months (up to 24 months total treatment)
Medicaid: 12 months (up to 24 months total treatment)

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
FDA: Food and Drug Administration

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
ursodiol	8-10 mg/kg/day PO in 2-3 divided doses	Not available

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Presence of known hepatocyte dysfunction or bile ductal abnormalities such as intrahepatic cholestasis, primary biliary cirrhosis or sclerosing cholangitis;
  - Use in a patient with a gallbladder confirmed as non-visualizing after two consecutive single doses of dye;
  - Use in a patient with radiopaque stones;
  - Gallstone complications or compelling reasons for gallbladder surgery including unremitting acute cholecystitis, cholangitis, biliary obstruction, gallstone pancreatitis, biliary gastrointestinal fistula;
  - Use in pregnancy or in women who may become pregnant.

- Boxed Warning(s) (Special Note):
  - Because of the potential hepatoxicity of chenodiol, poor response rate in some subgroups of chenodiol treated patients, and an increased rate of a need for cholecystectomy in other chenodiol

treated subgroups, chenodiol is not an appropriate treatment for many patients with gallstones. Chenodiol should be reserved for carefully selected patients and treatment must be accompanied by systematic monitoring for liver function alterations. Aspects of patient selection, response rates and risks versus benefits are given in the insert.

APPENDIX D: General Information

- Oral cholecystograms or ultrasonograms are recommended at 6 to 9 month intervals to monitor response. Complete dissolutions should be confirmed by a repeat test after 1 to 3 months continued administration of Chenodal®. Most patients who eventually achieve complete dissolution will show partial (or complete) dissolution at the first on-treatment test. If partial dissolution is not seen by nine to 12 months, the likelihood of success of treating longer is greatly reduced.
- Stone recurrence can be expected within 5 years in 50% of cases. After confirmed dissolution, treatment generally should be stopped. Serial cholecystograms or ultrasonograms are recommended to monitor for recurrence, keeping in mind that radiolucency and gallbladder function should be established before starting another course of Chenodal®.

References

1. Chenodal Prescribing Information. San Diego, CA: Retrophin, Inc.; December 2020. Available at: https://dailymed.nlm.nih.gov/dailymed/. Accessed February 03, 2021.
2. Chenodal. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI; 2020, March 17. Accessed with subscription at: http://www.micromedexsolutions.com. Accessed February 03, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy was reviewed: 1) Clinical policy title was updated as "chenodiol". 2) Line of business policies applies to All lines of business. 3) Continuation therapy criteria II.A.1. rephrased to "Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy". 4) References were reviewed and updated.	02/03/2021	03/09/2021