
5.50.009

Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Gastrointestinal Agents	Original Policy Date:	October 30, 2015
Subject:	Cholbam	Page:	1 of 5

Last Review Date: March 7, 2025

Cholbam

Description

Cholbam (cholic acid)

Background

Cholbam is the first FDA approved treatment for pediatric and adult patients with rare bile acid synthesis disorders due to single enzyme defects, and for patients with peroxisomal disorders (including Zellweger spectrum disorders). Patients with these rare, genetic, metabolic conditions exhibit manifestations of liver disease, steatorrhea (presence of fat in the stool) and complications from decreased fat-soluble vitamin absorption. Individuals with these rare disorders lack the enzymes necessary to produce cholic acid, a primary bile acid synthesized by the liver from cholesterol (1).

The mechanism of action of cholic acid has not been fully established. Endogenous bile acids including cholic acid enhance bile flow, provide the physiologic feedback inhibition of bile acid synthesis, and regulate bile acid circulation (1).

Regulatory Status

FDA-approved indications: Cholbam (cholic acid) is a bile acid indicated for: (1)

1. Treatment of bile acid synthesis disorders due to single enzyme defects (SEDs).
2. 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.

Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Gastrointestinal Agents	Original Policy Date:	October 30, 2015
Subject:	Cholbam	Page:	2 of 5

Limitations of Use:

The safety and effectiveness of Cholbam on extrahepatic manifestations of bile acid synthesis disorders due to SEDs or PDs including Zellweger spectrum disorders have not been established (1).

Treatment with Cholbam should be initiated and monitored by an experienced hepatologist or pediatric gastroenterologist (1).

The Cholbam label includes a warning for exacerbation of liver impairment. Patients should be monitored every month for the first 3 months for serum aspartate aminotransferase (AST), serum alanine aminotransferase (ALT), serum gamma glutamyltransferase (GGT), alkaline phosphatase (ALP), bilirubin and INR levels then every 3 months for the next 9 months, every 6 months during the subsequent three years and annually thereafter; or more frequently during periods of rapid growth, concomitant disease, and pregnancy. Cholbam should be discontinued in patients who develop worsening of liver function or cholestasis while on treatment (1).

The safety and effectiveness of Cholbam has been established in pediatric patients 3 weeks of age and older for the treatment of bile acid synthesis disorders due to SEDs, and for adjunctive treatment of patients with PDs including Zellweger spectrum disorders who exhibit manifestations of liver disease, steatorrhea or complications from decreased fat soluble vitamin absorption (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Cholbam may be considered **medically necessary** if the conditions indicated below are met.

Cholbam may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Gastrointestinal Agents	Original Policy Date:	October 30, 2015
Subject:	Cholbam	Page:	3 of 5

1. Bile acid synthesis disorder due to single enzyme defects (SEDs)
2. Peroxisomal disorder (PD), including Zellweger spectrum disorders
 - a. Prescribed as adjunctive treatment

AND ALL of the following:

1. Diagnosis was confirmed by mass spectrometry or other biochemical testing or genetic testing
2. Prescribed by hepatologist, gastroenterologist, or metabolic or biochemical geneticist physician experienced in treating bile acid synthesis disorder/peroxisomal disorder
3. Physician agrees to monitor liver function including AST, ALT, GGT, alkaline phosphatase, bilirubin, and INR

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Bile acid synthesis disorder due to single enzyme defects (SEDs)
2. Peroxisomal disorder (PD), including Zellweger spectrum disorders
 - a. Prescribed as adjunctive treatment

AND the following:

1. Physician agrees to monitor liver function including AST, ALT, GGT, alkaline phosphatase, bilirubin, and INR

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 2 years

Prior – Approval *Renewal* Limits

Same as above

Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Gastrointestinal Agents	Original Policy Date:	October 30, 2015
Subject:	Cholbam	Page:	4 of 5

Rationale

Summary

Cholbam is an oral bile acid therapy approved for treatment of bile acid synthesis disorders and adjunctive treatment of peroxisomal disorders. Cholbam has a warning for possible exacerbation of liver impairment. Patients should be monitored for worsening liver function or cholestasis. More frequent monitoring may be required during periods of rapid growth, concomitant disease, and pregnancy (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Cholbam while maintaining optimal therapeutic outcomes.

References

1. Cholbam [package insert] San Diego, CA: Travele Therapeutics, Inc.; June 2024.

Policy History

Date	Action
October 2015	Addition to PA
December 2015	Annual review
September 2016	Annual editorial review and reference update Policy code changed from 5.09.09 to 5.50.09.
March 2017	Annual review
March 2018	Annual review
March 2019	Annual review
March 2020	Annual editorial review. Changed approval duration from lifetime to 2 years. Revised monitoring requirement for initiation
March 2021	Annual review
March 2022	Annual review and reference update
March 2023	Annual review and reference update. Changed policy number to 5.50.009
June 2023	Annual review
March 2024	Annual review and reference update
June 2024	Annual review
March 2025	Annual review and reference update

Keywords

5.50.009

Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Gastrointestinal Agents	Original Policy Date:	October 30, 2015
Subject:	Cholbam	Page:	5 of 5

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.