

## PHARMACY COVERAGE GUIDELINE

**IQIRVO® (elafibranor) oral**  
**LIVDELZI® (seladelpar) oral**  
**OCALIVA™ (obeticholic acid) oral**  
**Generic Equivalent (if available)**

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### **This Pharmacy Coverage Guideline (PCG):**

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

### **Scope**

- This PCG applies to Commercial and Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

### **Instructions & Guidance**

- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
- The “Description” section describes the Service.
- The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
- The “Resources” section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at [www.azblue.com/pharmacy](http://www.azblue.com/pharmacy). You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to [Pharmacyprecert@azblue.com](mailto:Pharmacyprecert@azblue.com).

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### **Criteria:**

#### **IQIRVO (elafibranor)**

- **Criteria for initial therapy:** Iqirvo (elafibranor) and/or generic equivalent (if available) is considered **medically necessary** and will be approved when **ALL** the following criteria are met:
1. Prescriber is a physician specializing in the patient’s diagnosis or is in consultation with a Hepatologist or Gastroenterologist
  2. Individual is 18 years of age or older

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3. Individual has a confirmed diagnosis of primary biliary cholangitis (PBC) to be used with ursodeoxycholic acid (UDCA) in an individual who has had an inadequate response to UDCA or as monotherapy in an individual unable to tolerate UDCA
4. Individual has **TWO** of the following:
  - a. Positive antimitochondrial antibodies (AMA) at a titer of 1:40 or more or has other PBC-specific autoantibody titer
  - b. Presence of cholestasis with a history of increased alkaline phosphatase (ALP) levels of at least 1.5x upper limit of normal (ULN) for more than 6 months
  - c. Liver biopsy consistent with PBC that shows chronic non-suppurative cholangitis of the small and medium size bile ducts. A liver biopsy is typically not required
5. Individual has completed **ALL** the following **baseline tests** before initiation of treatment and will have continued monitoring as clinically appropriate:
  - a. Negative pregnancy test in a woman of childbearing potential
  - b. Has been evaluated for muscle pain or myopathy
  - c. Liver tests (alanine aminotransferase, aspartate aminotransferase, total bilirubin)
  - d. Alkaline phosphatase
6. Individual does not have decompensated cirrhosis (e.g., ascites, variceal bleeding, hepatic decompensation)
7. Individual does not have biliary obstruction
8. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] ([see Definitions section](#))
9. Iqirvo (elafibranor) will not be used in combination with Livdelzi (seladelpar) or Ocaliva (obeticholic acid)

**Initial approval duration:** 6 months

➤ **Criteria for continuation of coverage (renewal request):** Iqirvo (elafibranor) and/or generic equivalent (if available) is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met (**samples are not considered for continuation of therapy**):

1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Hepatologist or Gastroenterologist
2. Individual has documentation of positive clinical response to therapy defined as **ALL** of the following:
  - a. Achieved and maintains alkaline phosphatase (ALP) that is less than 1.67x upper limit of normal (UNL) or ALP decreased by at least 15% over baseline
  - b. Achieved and maintains total bilirubin that is less than or equal to UNL

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3. Individual has a confirmed diagnosis of primary biliary cholangitis (PBC) to be used with ursodeoxycholic acid (UDCA) in an individual who has had an inadequate response to UDCA or as monotherapy in an individual unable to tolerate UDCA
4. Individual has been adherent with the medication
5. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] ([see Definitions section](#))
6. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use as follows:
  - a. Contraindications as listed in the criteria for initial therapy section
  - b. Significant adverse effect such as:
    - i. New or worsening myalgia, myopathy, rhabdomyolysis resulting in acute kidney injury
    - ii. Drug-induced liver injury or worsening liver tests
    - iii. Moderate to severe hepatic impairment (Child-Pugh Class B or C)
    - iv. Biliary obstruction
    - v. Severe hypersensitivity reaction or a recurrence of hypersensitivity reaction on rechallenge
7. Individual does not have decompensated cirrhosis (e.g., ascites, variceal bleeding, hepatic decompensation)
8. Individual does not have biliary obstruction
9. Iqirvo (elafibranor) will not be used in combination with Livdelzi (seladelpar) or Ocaliva (obeticholic acid)

**Renewal duration:** 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of Non-Cancer Medications**
2. **Off-Label Use of Cancer Medications**

### LIVDELZI (seladelpar)

- **Criteria for initial therapy:** Livdelzi (seladelpar) and/or generic equivalent (if available) is considered **medically necessary** and will be approved when **ALL** the following criteria are met:

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**Generic Equivalent (if available)**

1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with a Hepatologist or Gastroenterologist
2. Individual is 18 years of age or older
3. Individual has a confirmed diagnosis of primary biliary cholangitis (PBC), to be used with ursodeoxycholic acid (UDCA) in an individual who has had an inadequate response to UDCA or as monotherapy in an individual unable to tolerate UDCA
4. Individual has **TWO** of the following:
  - a. Positive antimitochondrial antibodies (AMA) at a titer of 1:40 or more or has other PBC-specific autoantibody titer
  - b. Presence of cholestasis with a history of increased alkaline phosphatase (ALP) levels of at least 1.5x upper limit of normal (ULN) for more than 6 months
  - c. Liver biopsy consistent with PBC that shows chronic non-suppurative cholangitis of the small and medium size bile ducts. A liver biopsy is typically not required
5. The individual has completed **ALL** the following **baseline tests** before initiation of treatment and will have continued monitoring as clinically appropriate:
  - a. Liver tests (alanine aminotransferase, aspartate aminotransferase, total bilirubin)
  - b. Alkaline phosphatase
6. Individual is not currently taking other drugs which cause severe adverse reactions or a significant drug interaction that may require discontinuation such as:
  - a. OAT3 inhibitors (e.g., probenecid)
  - b. Strong CYP2C9 inhibitors (e.g., nicardipine, delavirdine, gemfibrozil, capecitabine, others)
7. Individual does not have decompensated cirrhosis (e.g., ascites, variceal bleeding, hepatic decompensation)
8. Individual does not have biliary obstruction
9. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] ([see Definitions section](#))
10. Livdelzi (seladelpar) will not be used in combination with Iqirvo (elafibranor) or Ocaliva (obeticholic acid)

**Initial approval duration:** 6 months

- **Criteria for continuation of coverage (renewal request):** Livdelzi (seladelpar) and/or generic equivalent (if available) is considered **medically necessary** and will be approved when **ALL** the following criteria are met (**samples are not considered for continuation of therapy**):

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1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Hepatologist or Gastroenterologist
2. Individual has documentation of positive clinical response to therapy defined as **ALL** of the following:
  - a. Achieved and maintains alkaline phosphatase (ALP) that is less than 1.67x upper limit of normal (UNL) or ALP decreased by at least 15% over baseline
  - b. Achieved and maintains total bilirubin that is less than or equal to UNL
3. Individual has a confirmed diagnosis of primary biliary cholangitis (PBC), to be used with ursodeoxycholic acid (UDCA) in an individual who has had an inadequate response to UDCA or as monotherapy in an individual unable to tolerate UDCA
4. Individual has been adherent with the medication
5. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] ([see Definitions section](#))
6. Individual is not currently taking other drugs which cause severe adverse reactions or a significant drug interaction that may require discontinuation such as:
  - a. OAT3 inhibitors (e.g., probenecid)
  - b. Strong CYP2C9 inhibitors (e.g., nifedipine, delavirdine, gemfibrozil, capecitabine, others)
7. Individual has not developed any significant adverse drug effects that may exclude continued use such as:
  - a. Drug-induced liver injury or worsening liver tests
  - b. Moderate to severe hepatic impairment (Child-Pugh Class B or C)
  - c. Biliary obstruction
8. Individual does not have decompensated cirrhosis (e.g., ascites, variceal bleeding, hepatic decompensation)
9. Individual does not have biliary obstruction
10. Livdelzi (seladelpar) will not be used in combination with Iqirvo (elafibranor) or Ocaliva (obeticholic acid)

**Renewal duration:** 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of Non-Cancer Medications**
2. **Off-Label Use of Cancer Medications**

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### OCALIVA (obeticholic acid)

- **Criteria for initial therapy:** Ocaliva (obeticholic acid) and/or generic equivalent (if available) is considered **medically necessary** and will be approved when **ALL** the following criteria are met:
1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with a Hepatologist or Gastroenterologist
  2. Individual is 18 years of age or older
  3. Individual has a confirmed diagnosis of primary biliary cholangitis (PBC) without cirrhosis or with compensated cirrhosis who do not have evidence of portal hypertension
  4. Ocaliva (obeticholic acid) use will be **ONE** of the following:
    - a. **With ursodeoxycholic acid (UDAC)** in individuals who failed or had an inadequate response to appropriate doses of UDAC after 1-year use
    - b. **Without UDAC** in those unable to tolerate or have an FDA-label contraindication to UDAC
  5. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] ([see Definitions section](#))
  6. Individual has **TWO** of the following:
    - a. Positive antimitochondrial antibodies (AMA) at a titer of 1:40 or more or has other PBC-specific autoantibody titer
    - b. Presence of cholestasis with a history of increased alkaline phosphatase (ALP) levels of at least 1.5x upper limit of normal (ULN) for more than 6 months
    - c. Liver biopsy consistent with PBC that shows chronic non-suppurative cholangitis of the small and medium size bile ducts. A liver biopsy is typically not required
  7. There are **NO** FDA-label contraindications such as:
    - a. Decompensated cirrhosis (e.g., Child-Pugh Class B or C)
    - b. Prior decompensation event
    - c. Compensated cirrhosis with evidence of portal hypertension (e.g., ascites, gastroesophageal varices, persistent thrombocytopenia)
    - d. Complete biliary obstruction
  8. Ocaliva (obeticholic acid) will not be used in combination with Iqirvo (elafibranor) or Livdelzi (seladelpar)

**Initial approval duration:** 6 months

- **Criteria for continuation of coverage (renewal request):** Ocaliva (obeticholic acid) and/or generic equivalent (if available) is considered **medically necessary** and will be approved when **ALL** the following criteria are met (**samples are not considered for continuation of therapy**):

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1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Hepatologist or Gastroenterologist
2. Individual has documentation of positive clinical response to therapy defined as **ALL** of the following:
  - a. Achieved and maintains alkaline phosphatase (ALP) that is less than 1.67x upper limit of normal (UNL) or ALP decreased by at least 15% over baseline
  - b. Achieved and maintains total bilirubin that is less than or equal to UNL
3. Individual has been adherent with the medication
4. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] ([see Definitions section](#))
5. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use as follows:
  - a. Contraindications as listed in the criteria for initial therapy section
  - b. Significant adverse effect such as:
    - i. Severe, persistent, intolerable pruritus that is intense or widespread, interfering with activities of daily living, or causes severe sleep disturbances or discomfort despite management strategies
    - ii. Significant liver adverse reactions (e.g., increased direct and indirect bilirubin, new or worsening jaundice)
6. Ocaliva (obeticholic acid) will not be used in combination with Iqirvo (elafibranor) or Livdelzi (seladelpar)

**Renewal duration:** 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of Non-Cancer Medications**
2. **Off-Label Use of Cancer Medications**

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### **Description:**

Iqirvo (elafibranor) is indicated for the treatment of **primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults who have had an inadequate response to UDCA, or as monotherapy in patients unable to tolerate UDCA**. This indication is approved under accelerated approval based on reduction of alkaline phosphatase (ALP). Improvement in survival or prevention of liver decompensation events have not been demonstrated. Continued approval for this indication may be contingent upon verification

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and description of clinical benefit in confirmatory trial(s). Use of Iqirvo is not recommended in patients who have or develop decompensated cirrhosis (e.g., ascites, variceal bleeding, hepatic encephalopathy).

Livdelzi (seladelpar) is indicated for the treatment of **primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults who have had an inadequate response to UDCA, or as monotherapy in patients unable to tolerate UDCA**. This indication is approved under accelerated approval based on a reduction of alkaline phosphatase (ALP). Improvement in survival or prevention of liver decompensation events have not been demonstrated. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s). Use of Livdelzi is not recommended in patients who have or develop decompensated cirrhosis (e.g., ascites, variceal bleeding, hepatic encephalopathy). Ocaliva (obeticholic acid) is indicated for the treatment of **primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults with an inadequate response to UDCA, or as monotherapy in adults unable to tolerate UDCA**. This indication was approved based on a reduction in alkaline phosphatase (ALP). An improvement in survival or disease-related symptoms has not been established. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials. Treatment with Ocaliva (obeticholic acid) in patients with moderate and severe hepatic impairment should be initiated and monitored by a healthcare provider with experience managing PBC.

Ursodeoxycholic acid (UDCA) is a naturally occurring hydrophilic bile acid, derived from cholesterol, is found in small quantities in normal human bile. Oral administration of UDCA increases this fraction in a dose related manner, to become the major biliary acid, replacing/displacing toxic concentrations of endogenous hydrophobic bile acids that tend to accumulate in cholestatic liver disease. In addition to the replacement and displacement of toxic bile acids, other mechanisms of action include cytoprotection of the injured bile duct epithelial cells (cholangiocytes) against toxic effects of bile acids, inhibition of apoptosis of hepatocytes, immunomodulatory effects, and stimulation of bile secretion by hepatocytes and cholangiocytes.

PBC (previously referred to as primary biliary cirrhosis) is an autoimmune disease that is characterized by progressive destruction of the small and medium sized intrahepatic biliary ducts. With ongoing inflammation and scarring of the bile ducts, bile cannot be carried from the liver to the intestine. There is progressive impairment of bile flow, increased hepatocellular bile concentration, and cellular injury. As a result, bile builds up in the liver causing cholestasis and jaundice (obstructive jaundice). Fibrosis and cirrhosis occur as the disease advances over a few years or in some a few decades. Most patients are asymptomatic at the time of their diagnosis, and it is often diagnosed based on elevated alkaline phosphatase (ALP). PBC was initially known as primary biliary cirrhosis but the name was changed due to cirrhosis being an advanced feature of the disease.

PBC is a relatively rare disease affecting 1 in 4,000 individuals and it is seen more commonly in females in a ratio of 9:1 with a peak incidence in the fifth decade of life. The diagnosis of PBC can be made by two of the following 3 American Association for the Study of Liver Diseases (AASLD) 2009 criteria: positive antimitochondrial antibodies (AMA), presence of cholestasis with a history of increased ALP levels for more than 6 months, or liver biopsy consistent with PBC that shows chronic suppurative cholangitis of the small and medium size bile ducts. A liver biopsy is typically not required.

Bile acids are ligands of the nuclear receptor, farnesoid X receptor (FXR). The FXR is a member of the nuclear receptor superfamily that is highly expressed in liver, intestine, kidney, and adrenal glands. The most potent



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natural FXR ligand is chenodeoxycholic acid (CDCA, chenodiol), but other bile acids, cholic, lithocholic, and deoxycholic also activate FXR.

Obeticholic acid is an agonist for FXR. FXR is a key regulator of bile acid, inflammatory, fibrotic, and metabolic pathways. Recent studies show that FXR is the primary sensor of bile acids and is involved in every aspect of bile acid metabolism, including bile acid synthesis, transport, detoxification, and excretion in the liver and intestine. FXR activation decreases the intracellular hepatocyte concentrations of bile acids by suppressing *de novo* synthesis from cholesterol as well as by increased transport of bile acids out of the hepatocytes. These mechanisms limit the overall size of the circulating bile acid pool while promoting choleresis, thus reducing hepatic exposure to bile acids.

In clinical trials, administration of Ocaliva (obeticholic acid) 10 mg once daily was also associated with an increase from baseline in concentrations of fibroblast growth factor (FGF)-19, an FXR-inducible enterokine involved in bile acid homeostasis. Concentrations of cholic acid and CDCA were reduced from baseline also. Fibroblast growth factors (FGFs) represent a large gene family of proteins involved in cell growth and differentiation, embryonic development, angiogenesis, and wound healing. FGF-19 is involved in controlling the enterohepatic bile acid/cholesterol system. FGF-19 also exerts important regulatory effects on glucose, protein, and lipid metabolism. The clinical relevance of these findings is unknown.

Obeticholic acid is a modified bile acid with structural similarity to endogenous CDCA. Obeticholic acid is conjugated with glycine or taurine in the liver and secreted into bile. These glycine and taurine conjugates of obeticholic acid are pharmacologically active and are absorbed in the small intestine leading to enterohepatic recirculation. The conjugates can be deconjugated in the ileum and colon by intestinal microbiota, leading to the conversion to obeticholic acid that can be reabsorbed or excreted in feces. A third obeticholic acid metabolite, 3-glucuronide, is formed but is considered to have minimal pharmacologic activity.

Iqivo (elafibranor) and its main active metabolite GFT1007 are peroxisome proliferator-activated receptor (PPAR) agonists both of which activate PPAR-alpha, PPAR-gamma, and PPAR-delta. However, the mechanism by which elafibranor exerts its therapeutic effects in patients with PBC is not well understood. Pharmacological activity that is potentially relevant to therapeutic effects includes inhibition of bile acid synthesis through activation of PPAR-alpha and PPAR-delta. The signaling pathway for PPAR-delta was reported to include Fibroblast Growth Factor 21 (FGF21)-dependent downregulation of CYP7A1, the key enzyme for the synthesis of bile acids from cholesterol.

Livdelzi (seladelpar) is a peroxisome proliferator-activated receptor (PPAR)-delta agonist. However, the mechanism by which seladelpar exerts its therapeutic effects in patients with PBC is not well understood. Pharmacological activity that is potentially relevant to therapeutic effects includes inhibition of bile acid synthesis through activation of PPAR-delta, which is a nuclear receptor expressed in most tissues, including the liver. Published studies show that PPAR-delta activation by seladelpar reduces bile acid synthesis through Fibroblast Growth Factor 21 (FGF21)-dependent downregulation of CYP7A1, the key enzyme for the synthesis of bile acids from cholesterol.

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### Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting  
[MedWatch Forms for FDA Safety Reporting | FDA](#)

### **Diagnostic criteria for PBC: (from American Association for the Study of Liver Disease 2009)**

Two of the following three criteria:

- Positive antimitochondrial antibodies (AMA)
- Presence of cholestasis with a history of increased ALP levels of at least 1.5x ULN for more than 6 months
- Liver biopsy consistent with PBC that shows chronic non-suppurative cholangitis of the small and medium size bile ducts. A liver biopsy is typically not required.

### **Child-Pugh Classification:**

| Child-Pugh Classification of severity of liver disease |                |   |                           |
|--|----------------|---|---------------------------|
| Child-Pugh Classification                              | Points         |   |                           |
| A: Well compensated                                    | 5-6            |   |                           |
| B: Significant functional compromise                   | 7-9            |   |                           |
| C: Decompensated                                       | 10-15          |   |                           |
| Parameter/Factor                                       | 1 point each   | 2 points each                             | 3 points each             |
| Total Bilirubin:<br>(mg/dL) or (μmol/L)                | < 2 (or < 34)  | 2-3 (or 34-50)                            | > 3 or (> 50)             |
| Albumin<br>(g/dL) or (g/L)                             | >3.5 (or > 35) | 2.8-3.5 (or 28-35)                        | < 2.8 (or < 28)           |
| Prothrombin time                                       |                |   |                           |
| Seconds over control                                   | 1-3            | 4-6                                       | > 6                       |
| INR  | < 1.7          | 1.71-2.3                                  | > 2.3                     |
| Ascites  | Absent         | Slight/Mild                               | Moderate to severe        |
| Encephalopathy   | None           | Grade 1-2 (or suppressed with medication) | Grade 3-4 (or refractory) |

### **Decompensation events:**

- Appearance of ascites
- Gastroesophageal variceal bleeding
- New or worsening jaundice
- Encephalopathy
- Spontaneous bacterial peritonitis

The appearance of ascites, variceal bleeding, jaundice, or encephalopathy, the major clinical manifestations of liver cirrhosis, marks the transition from the **compensated** phase into the **decompensated** phase of cirrhosis

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### Encephalopathy Grades:

|         |  |
|---------|--|
| Grade 0 | <ul style="list-style-type: none"> <li>Minimal hepatic encephalopathy (also known as covert hepatic encephalopathy and previously known as subclinical hepatic encephalopathy)</li> <li>Lack of detectable changes in personality or behavior</li> <li>Minimal changes in memory, concentration, intellectual function, and coordination</li> <li>Asterixis is absent</li> </ul> |
| Grade 1 | <ul style="list-style-type: none"> <li>Trivial lack of awareness</li> <li>Shortened attention span</li> <li>Impaired performance with addition or subtraction</li> <li>Hypersomnia, insomnia, or inversion of sleep pattern</li> <li>Euphoria or anxiety, depression, or irritability</li> <li>Mild confusion</li> <li>Slowing of ability to perform mental tasks</li> </ul>     |
| Grade 2 | <ul style="list-style-type: none"> <li>Lethargy or apathy</li> <li>Minimal disorientation for time and place</li> <li>Inappropriate behavior</li> <li>Impaired performance with subtraction</li> <li>Slurred speech</li> <li>Obvious asterixis</li> <li>Drowsiness</li> <li>Gross deficits in ability to perform mental tasks</li> <li>Obvious personality changes</li> </ul>    |
| Grade 3 | <ul style="list-style-type: none"> <li>Somnolence to semi-stupor, but responsive to verbal stimuli</li> <li>Marked confusion</li> <li>Gross disorientation</li> <li>Unable to perform mental tasks</li> <li>Amnesia</li> <li>Occasional fits of rage</li> <li>Incomprehensible speech</li> </ul>   |
| Grade 4 | <ul style="list-style-type: none"> <li>Coma (unresponsive to verbal or noxious stimuli)</li> <li>Coma with or without response to painful stimuli</li> </ul>   |

### Resources:

Ocaliva (obeticholic acid) product information, revised by Intercept Pharmaceuticals, Inc. 05-2022. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed May 12, 2025.

Iqirvo (elafibranor) product information, revised by Ipsen Biopharmaceuticals, Inc. 06-2024. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed May 12, 2025.

Livdelzi (seladelpar) product information, revised by Gilead Sciences, Inc. 08-2024. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed May 12, 2025.

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## PHARMACY COVERAGE GUIDELINE

**IQIRVO® (elafibranor) oral**

**LIVDELZI® (seladelpar) oral**

**OCALIVA™ (obeticholic acid) oral**

**Generic Equivalent (if available)**

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Poupon R. Clinical manifestations, diagnosis, and prognosis of primary biliary cholangitis. In: UpToDate, Lindor KD, Robson KM (Eds), UpToDate, Waltham, MA.: UpToDate Inc. Available at Inc. <http://uptodate.com>. Literature current through May 2025. Topic last updated April 25, 2025. Accessed June 18, 2025.

Poupon R. Overview of the management of primary biliary cholangitis. In: UpToDate, Lindor KD, Robson KM (Eds), UpToDate, Waltham, MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through May 2025. Topic last updated February 14, 2025. Accessed June 18, 2025.

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