Bylvay (odevixibat)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	Initial requests: 6 months Continuation requests: 1 year

Medications	Quantity Limit
Bylvay (odevixibat)	May be subject to quantity limit

APPROVAL CRITERIA

Initial requests for Bylvay (odevixibat) may be approved if the following criteria are met:

I. Individual has a diagnosis of progressive familial intrahepatic cholestasis (PFIC); **AND**
   A. Documentation is provided that individual has biallelic pathogenic variants in the ATP8B1, ABCB11, ABCB4, TJP2, NR1H4, or MYO5B gene (FDA Integrated Review 2021, Amirneni 2020); **AND**
   B. Documentation is provided that individual has a serum bile acid (sBA) level above the upper limit of the normal based on the reference range of the reporting lab (NCT03566238); **AND**
   C. Documentation is provided that individual has moderate to severe pruritus due to PFIC; **AND**
   D. Individual has had a trial and inadequate response, or intolerance to one systemic agent for PFIC, such as ursodeoxycholic acid, cholestyramine, rifampicin, naltrexone, or sertraline (Kremer 2014). Medication samples/coupons/discount cards are excluded from consideration as a trial.;

OR

II. Individual has a diagnosis of Alagille syndrome (ALGS); **AND**
   A. Documentation is provided that individual has either JAG1/JAGGED1 *or* NOTCH2 gene mutation (Ayoub 2020); **AND**
   B. Documentation is provided that individual has a serum bile acid (sBA) level above the upper limit of the normal based on the reference range of the reporting lab (NCT04674761); **AND**;
   C. Documentation is provided that individual has moderate to severe pruritus due to ALGS; **AND**
   D. Individual has had a trial and inadequate response, or intolerance to one systemic agent for ALGS, such as ursodeoxycholic acid, rifampicin, naltrexone, or sertraline (Ayoub 2020). Medication samples/coupons/discount cards are excluded from consideration as a trial.

Continuation requests for Bylvay (odevixibat) may be approved if the following criteria are met:

I. Documentation is provided that individual has had a positive therapeutic response to treatment (defined as a reduction in pruritus severity from baseline); **AND**
II. Individual does not have evidence of portal hypertension; **AND**
III. Individual does not have evidence of hepatic decompensation (for example, variceal hemorrhage, ascites, or hepatic encephalopathy); **AND**
IV. Individual does not have worsening or persistent fat-soluble vitamin (FSV) deficiency (includes vitamins A, D, E, and K) despite adequate supplementation.

Bylvay (odevixibat) may not be approved for the following:

I. If requesting for PFIC (Label, NCT03566238):
    A. Individual has a variation of the ABCB11 gene that predicts non-function or complete absence of the bile salt export pump (BSEP) protein; **OR**
    B. Individual has benign recurrent intrahepatic cholestasis as indicated by any history of normal sBA levels; **OR**
II. Individual has INR > 1.4, or ALT > 10x upper limit of normal (ULN); **OR**
III. Individual has suspected or proven liver cancer or metastasis to the liver, history or liver transplant, or presence of other concomitant liver disease; **OR**
IV. Individual has alternate non-PFIC or non-ALGS related causes of cholestasis or pruritus; **OR**
V. Individual has hepatic decompensation; **OR**
VI. Individual is using in combination with maralixibat.

Key References:

1. Amirneni S, Haep N, Gad MA, et al. Molecular overview of progressive familial intrahepatic cholestasis. World J Gastroenterol. 2020 Dec 21;26(47):7470-7484. Accessed October 6, 2023.
2. Ayoub MD, Kamath BM. Alagille syndrome: diagnostic challenges and advances in management. Diagnostics. 2020 Nov;10(907). Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7694636/pdf/diagnostics-10-00907.pdf. Accessed October 6, 2023.
3. Bylvay (odevixibat) oral capsule [integrated review]. FDA Integrated Review. Center for Drug Evaluation and Research. April 2021. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/nda/2021/215498Orig1s000TOC.cfm
4. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: October 6, 2023.
5. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
6. European Association for the Study of the Liver. EASL Clinical Practice Guidelines: management of cholestatic liver diseases. J Hepatol 2009; 51:237. Available at https://www.journal-of-hepatology.eu/article/S0168-8278(09)00309-2/pdf. Accessed on October 6, 2023.
7. Kremer AE, Bolier R, van Dijk R, et al. Advances in pathogenesis and management of pruritus in cholestasis. Dig Dis 2014; 32:637. Accessed October 6, 2023.
8. Kremer AE, Dull MM, et al. New Approaches to the Management of Pruritus in Cholestatic. Current Hepatology Reports. 2020. https://doi.org/10.1007/s11901-020-00517-x. Accessed October 6, 2023.
9. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; Updated periodically.
10. NCT03566238. ClinicalTrials.gov. National Institutes of Health. U.S. National Library of Medicine. Available at https://clinicaltrials.gov/ct2/show/NCT03566238?term=nct03566238&draw=2&rank=1.
11. NCT04674761. ClinicalTrials.gov. National Institutes of Health. U.S. National Library of Medicine. Available at https://www.clinicaltrials.gov/study/NCT04674761?term=NCT04674761&rank=1#publications.

12. Squires RH, Ng V, Romero R, et al. Evaluation of the pediatric patient for liver transplantation: 2014 practice guideline by the American Association for the Study of Liver Diseases, American Society of Transplantation and the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. Hepatology 2014; 60:362. Available at https://www.aasld.org/sites/default/files/2019-06/EvaluationPediatricLT2014.pdf. Accessed on October 5, 2022.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.