DATE: July 27, 2026

TO: Commonwealth of Kentucky Medicaid Prescriber Network

FROM: MedImpact Healthcare Systems

Subject: Bosulif® and Cholbam® Prior Authorization Criteria

Status: Please be advised that the Commonwealth of Kentucky Department for Medicaid Services (DMS) will implement clinical criteria for **Bosulif® (bosutinib) tablet** and **Cholbam® (cholic acid) capsules** starting **September 1, 2026**. The new prior authorization (PA) criteria are defined below.

Pharmacy providers are encouraged to work with prescribers and their impacted patients to either obtain the necessary prior authorization or find alternative therapies when appropriate.

Effective Date	Agent(s) Subject to Criteria	Criteria for Approval
09/01/2026	**Bosulif tablet**	**Approval Duration:** 1 year **Initial Criteria** • Patient has a diagnosis supported by the FDA or nationally recognized compendia; **AND** • The prescriber is an oncologist or clinical specialist; **AND** • Patient does not have any contraindications to the requested medication; **AND** • The quantity and dosing regimen falls within FDA prescribing limits; **AND** • Patient's age meets the minimum age recommendations for the indication. **Renewal Criteria** • Patient meets the Initial Criteria above; **AND** • Patient has a documented disease response with treatment, as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND** • Patient has not experienced any treatment-restricting adverse effects

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09/01/2026	**Cholbam**	**Approval Duration:** 6 months initial, 12 months renewal
		
		Bile acid synthesis disorders due to single enzyme defects (SEDs):
		
		Initial Criteria
		• Patient is ≥ 3 weeks of age; **AND**
		• Patient is diagnosed with a bile acid synthesis disorder due to a single enzyme defect (SED), confirmed by one of the following:
		  ○ Urinary or serum bile acid analysis by mass spectrometry (e.g., fast atom bombardment mass spectrometry [FAB-MS], liquid chromatography-tandem mass spectrometry [LC-MS/MS], or electrospray ionization tandem mass spectrometry); **OR**
		  ○ Genetic testing confirming a pathogenic variant in a gene encoding an enzyme involved in bile acid synthesis (e.g., HSD3B7, AKR1D1, CYP7B1, AMACR, CYP27A1, BAAT); **AND**
		• Cholbam is prescribed by or in consultation with a hepatologist or pediatric gastroenterologist; **AND**
		• Patient has evidence of liver disease or malabsorption, as evidenced by ≥ 1 of the following:
		  ○ Elevated serum transaminases (AST and/or ALT); **OR**
		  ○ Elevated bilirubin (conjugated hyperbilirubinemia); **OR**
		  ○ Abnormal INR/PT; **OR**
		  ○ Evidence of steatorrhea; **OR**
		  ○ Fat-soluble vitamin deficiency (A, D, E, or K); **AND**
		• Patient does not have complete biliary obstruction.
		
		Renewal Criteria
		• Documentation (e.g., progress notes, labs) of improvement or stabilization in liver function (e.g., AST, ALT, GGT, alkaline phosphatase, bilirubin, INR); **AND**
		• Prescriber attests that the patient continues to require Cholbam therapy.
		
		Peroxisomal disorders (PDs) including Zellweger spectrum disorders:
		
		Initial Criteria
		• Patient is ≥ 3 weeks of age; **AND**
		• Patient is diagnosed with a peroxisomal disorder (PD) including Zellweger spectrum disorder, confirmed by one of the following:
		  ○ Biochemical testing (e.g., elevated very-long-chain fatty acids [VLCFAs], elevated bile acid intermediates [THCA/DHCA]); **OR**
		  ○ Genetic testing confirming a pathogenic variant in a PEX gene or peroxisomal enzyme gene; **AND**

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		• Cholbam is prescribed by or in consultation with a hepatologist or pediatric gastroenterologist; **AND**
		• Patient exhibits manifestations of ≥ 1 of the following:
		  ○ Liver disease (e.g., elevated transaminases, hepatomegaly, cholestasis); **OR**
		  ○ Steatorrhea; **OR**
		  ○ Complications from decreased fat-soluble vitamin absorption; **AND**
		• Patient does not have complete biliary obstruction.
		
		Renewal Criteria
		• Documentation (e.g., progress notes, labs) of improvement or stabilization in liver function (e.g., AST, ALT, GGT, alkaline phosphatase, bilirubin, INR) or fat-soluble vitamin levels; AND
		• Prescriber attests that the patient continues to require Cholbam therapy.
		
		Quantity Limit:
		• 50 mg capsule: 4 per day
		• 250 mg capsule: 4 per day

Providers are encouraged to reference the Kentucky Medicaid PDL and Prior Authorization documents found on the MedImpact Provider Portal at: https://kyportal.medimpact.com/provider-documents/drug-information. For any additional information or questions that you may have, please contact the Kentucky MedImpact team at KYMFFS@medimpact.com for Fee for-Service members or at KYMCOPBM@medimpact.com for Managed Care Organization (MCO) members.

KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week]; Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

KY FFS Contact Information

Program Questions	KYMFFS@MedImpact.com

Pharmacy Help Desk	(877) 403-6034 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	