

PA Description	Ursodiol (Actigall)
Managed by	Managed Care Organizations (MCOs) contracted by the Puerto Rico Health Insurance Administration (known in Spanish as <i>Administración de Seguros de Salud</i> or ASES) to provide pharmacy services to the insured of the Government Health Plan.
Covered Uses	<p>a) Indicated for patients with radiolucent, noncalcified gallbladder stones < 20 mm with the presence of increased surgical risk due to systemic disease, advanced age, idiosyncratic reaction to general anesthesia, or for those patients who refuse surgery (ICD-10-CM K82.4)</p> <p>b) Indicated for the prevention of gallstone formation in obese patients experiencing rapid weight loss (ICD-10-CM K82.4 and ICD-10-CM Z71.89)</p>
Exclusion Criteria	<p>a) Actigall will not dissolve calcified cholesterol stones, radiopaque stones, or radiolucent bile pigment stones.</p> <p>b) Patients with compelling reasons for cholecystectomy including unremitting acute cholecystitis, cholangitis, biliary obstruction, gallstone pancreatitis, or biliary-gastrointestinal fistula are not candidates for Actigall therapy.</p>
Required Medical Information	a) None
Age Restriction	a) None
Prescriber Restriction	<p>a) Gastroenterologist</p> <p>b) Hepatologist</p> <p>c) Surgeon</p>
Coverage Duration	a) Treatment should not exceed twenty four (24) months.
Other Criteria	a) None