

<b>PA Description</b>	<b>Ursodiol tablets (Urso/Urso Forte)</b>
<b>Managed by</b>	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.
<b>Covered Uses</b>	a) For the treatment of patients with primary biliary cirrhosis (PBC). (ICD-10-K 74.3)
<b>Exclusion Criteria</b>	a) Patients with complete biliary obstruction.
<b>Required Medical Information</b>	a) Physician must provide recent (no more than 30 days) laboratory parameters prior to initiation of treatment and then every 6 months thereafter: <ul style="list-style-type: none"> <li>1) Liver function tests</li> <li>2) Bilirubin</li> </ul>
<b>Age Restriction</b>	a) None
<b>Prescriber Restriction</b>	a) Gastroenterologists b) Hepatologists c) Surgeon
<b>Coverage Duration</b>	a) Treatment <b>discontinuation</b> should be considered if the liver function tests and bilirubin parameters <b>increase</b> to a level considered <b>clinically</b> significant in patients with stable historical liver function test levels.
<b>Other Criteria</b>	a) Liver function tests ( $\gamma$ -GT, alkaline phosphatase, AST, ALT) and bilirubin levels should be monitored every month for three months after start of therapy, and every six months thereafter to allow the early detection of a possible deterioration of the hepatic function.