

**CTEXLI  
(chenodiol)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age** 18 years of age and older

**Diagnosis**

Patient must have the following:

Cerebrotendinous xanthomatosis (CTX)

**AND ALL** of the following:

1. Diagnosis has been confirmed through genetic testing documenting pathogenic variants in the CYP27A1 gene
2. Patient has elevated pretreatment plasma cholestanol level and elevated levels of bile alcohol (i.e., 23s-pentol) in urine
3. Baseline ALT, AST, and bilirubin levels will be obtained and prescriber agrees to monitor annually as clinically indicated
4. Prescribed by or recommended by a prescriber who specializes in treatment of CTX

**Prior - Approval Limits**

**Quantity** 270 tablets per 90 days

**Duration** 12 months

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**Prior – Approval *Renewal* Requirements**

**Age** 18 years of age and older

**Diagnosis**

Patient must have the following:

Cerebrotendinous xanthomatosis (CTX)

**AND ALL** of the following:



**BlueCross  
BlueShield**

Federal Employee Program.

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1. Patient has achieved or maintained a positive clinical response to therapy (e.g., decreased or stabilized level of bile alcohol, reduction in signs and symptoms of CTX, or reduction in plasma cholestanol level)
2. Prescriber agrees to monitor ALT, AST, and bilirubin levels annually as clinically indicated

**Prior - Approval *Renewal* Limits**

Same as above