UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1481-1
Program	Prior Authorization/Notification
Medication	Ctexli™ (chenodiol)
P&T Approval Date	6/2025
Effective Date	9/1/2025

1. Background:

Ctexli (chenodiol) is a bile acid indicated for treatment of cerebrotendinous xanthomatosis (CTX) in adults.

2. Coverage Criteria[a]:

A. Initial Authorization

1. Ctexli will be approved based on the following criterion:

a. Diagnosis of cerebrotendinous xanthomatosis (cholestanol storage disease)

Authorization will be issued for 12 months.

B. Reauthorization

1. **Ctexli** will be approved based on the following criterion:

a. Documentation of positive clinical response to **Ctexli** therapy

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits and/or Medical Necessity may be in place.

4. Reference:

1. Ctexli [package insert]. Foster City, CA: Mirum Pharmaceuticals, Inc.; February 2025.

Program	Prior Authorization/Notification - Ctexli (chenodiol)
Change Control	
6/2025	New program.