

<b>Effective Date: 04/01/2022</b>
Reviewed: 01/2022, 1/2023, 8/2023, 01/2024, 04/2024, 02/2025, 09/2025, 02/2026
Scope: Medicaid

## LIVMARLI (maralixibat)

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Livmarli is indicated for the treatment of cholestatic pruritus in patients with Alagille syndrome (ALGS) 3 months of age and older.

Livmarli is indicated for the treatment of cholestatic pruritus in patients 12 months of age and older with progressive familial intrahepatic cholestasis (PFIC).

All other indications are considered experimental/investigational and not medically necessary.

#### II. CRITERIA FOR INITIAL APPROVAL

##### **Cholestatic pruritus in Alagille syndrome (ALGS)**

Authorization of 6 months may be granted for treatment of cholestatic pruritus in Alagille syndrome (ALGS) when all of the following criteria are met:

- A. Member is 3 months of age or older
- B. This medication must be prescribed by or in consultation with a hepatologist or gastroenterologist or a physician that specializes in Alagille Syndrome.
- C. Documentation that the member has moderate to severe pruritus and drug-induced pruritus has been ruled out
- D. Documentation that the member has a diagnosis of ALGS established by one of the following (see Appendix A for major clinical features of ALGS):
  - i. Genetic testing (i.e., mutations in the *JAG1* or *NOTCH2* gene)
  - ii. Family history of ALGS and one or more major clinical features of ALGS
  - iii. Bile duct paucity and three or more major Clinical features of ALGS
  - iv. Four or more major clinical features of a LGS
- E. Documentation that the member has evidence of cholestasis defined as the presence of one or more of the following:
  - a. Total serum bile acid greater than 3 times the upper limit of normal (ULN) for age
  - b. Conjugated bilirubin greater than 1 mg/dL
  - c. Fat soluble vitamin deficiency otherwise unexplainable
  - d. Gamma-glutamyl transferase (GGT) greater than 3 times ULN for age
  - e. Intractable pruritis explainable only by liver disease
- F. Documentation that the member does not have any other concomitant liver disease (e.g., cirrhosis, liver cancer) or history of a hepatic decompensation event (e.g., variceal hemorrhage, ascites, hepatic encephalopathy, portal hypertension)
- G. Documentation that the member has not received a liver transplant or surgical interruption of the enterohepatic circulation (e.g., partial external biliary diversion surgery)
- H. Documentation that the member experienced an inadequate treatment response or intolerance to at least two systemic medications for ALGS-related pruritus (e.g., ursodiol at a dose of 20-30 mg/kg/day, rifampin, cholestyramine, naltrexone)

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- I. Documentation that the member’s dose will not exceed 380 mcg/kg/day or exceed a maximum daily dose of 28.5mg per day for the oral solution or 30 mg per day for the tablets. Member’s current weight and prescribed dose must be provided.
  - i. If the request is for tablets, documentation the member weighs more than 25 kg.

**Pruritus in progressive familial intrahepatic cholestasis (PFIC)**

Authorization of 6 months may be granted for treatment of pruritus in progressive familial intrahepatic cholestasis (PFIC) when all of the following criteria are met:

- A. Member is 12 months of age or older
- B. This medication must be prescribed by or in consultation with a hepatologist or gastroenterologist or a physician that specializes in progressive familial intrahepatic cholestasis
- C. Documentation that the member has moderate to severe pruritus and drug-induced pruritus has been ruled out
- D. Documentation that the member has a confirmed molecular diagnosis of PFIC (e.g., mutations in *ATP8B1*, *ABCB11*, *TJP2*, *MYO5B*, and *ABCB4*)
- E. Documentation that the member does not have any other concomitant liver disease (e.g., cirrhosis, liver cancer) or history of a hepatic decompensation event (e.g., variceal hemorrhage, ascites, hepatic encephalopathy, portal hypertension)
- F. Documentation that the member has serum bile acid level  $\geq 100 \mu\text{mol/L}$
- G. Documentation that the member has not received a liver transplant or surgical interruption of the enterohepatic circulation (e.g., partial external biliary diversion surgery)
- H. Documentation that the member experienced an inadequate treatment response or intolerance to at least two systemic medications for PFIC-related pruritus (e.g., ursodiol at a dose of 20-30 mg/kg/day, rifampin, cholestyramine)
- I. Documentation that the member experienced an inadequate treatment response or intolerance to Bylvy (odevixibat)
- J. Documentation that the member’s dose will not exceed 570 mcg/kg twice daily or exceed a maximum daily dose of 38mg per day for the oral solution or 40 mg per day for the tablets. Member’s current weight and prescribed dose must be provided.
  - a. If the request is for tablets, documentation the member weighs more than 25 kg.

**III. CONTINUATION OF THERAPY**

Authorization of 6 months may be granted for all members (including new members) with documentation requesting continuation of therapy when all of the following is met

- A. Member meets all initial criteria
- B. The member is experiencing benefit from therapy (e.g., improvement in pruritus and reduction in serum bile acid).
- C. Member’s dose will not exceed 380 mcg/kg/day or exceed a maximum daily dose of 28.5mg per day for the oral solution or 30 mg per day for the tablets for ALGS or member’s dose will not exceed 570 mcg/kg twice daily or exceed maximum daily dose of 38mg per day for the oral solution or 40 mg per day for the tablets for PFIC.

**IV. QUANTITY LIMIT**

Livmarli oral solution 9.5mg/ml has a quantity limit of 28.5mg/3ml per day (90 ml per 30 days) for ALGS.  
 Livmarli oral solution 19mg/ml has a quantity limit of 38mg/2ml per day (60 ml per 30 days) for PFIC.  
 Livmarli 10 mg, 15 mg, and 30 mg tablets have a quantity limit of 1 tablet per day (30 tablets per 30 days).

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Livmarli 20 mg tablets have a quantity limit of 2 tablets per day (60 tablets per 30 days).

## V. APPENDIX A

### Major Clinical Features of ALGS

- Hepatic abnormality (e.g., cholestasis)
- Cardiac abnormality (e.g., stenosis of the peripheral pulmonary artery and its branches)
- Skeletal abnormality (e.g., butterfly vertebrae)
- Ophthalmologic abnormality (e.g., posterior embryotoxon)
- Characteristic facial features (e.g., triangular-shaped face with a broad forehead and a pointed chin, bulbous tip of the nose, deeply set eyes, and hypertelorism)
- Vascular abnormalities (e.g., intracranial bleeds, systemic vascular anomalies)
- Renal structural or functional abnormality (e.g., abnormally small size, cysts)

## VI. REFERENCES

1. Livmarli [package insert]. Foster City, CA: Mirum Pharmaceuticals, Inc.; April 2025. Accessed February 2026.
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