Pharmacy Policy Bulletin

Title:	Maralixibat (Livmarli®)
Policy #:	Rx.01.257

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medical necessity criteria for **Maralixibat (Livmarli®)** as provided under the member's prescription drug benefit.

Description:

Alagille syndrome (AGS), also known as arteriohepatic dysplasia, is a multisystem autosomal dominant disorder that largely affects the liver. Alagille syndrome causes intractable pruritus and disfiguring xanthomas because of retained bile acids and cholesterol. Pruritus is a common symptom in patients with ALGS and the pathophysiology of pruritus in patients with ALGS is not completely understood.

Maralixibat (Livmarli®) is indicated for the treatment of cholestatic pruritus in patients with Alagille syndrome (ALGS) 1 year of age and older.

Maralixibat is a reversible inhibitor of the ileal bile acid transporter (IBAT). It decreases the reabsorption of bile acids (primarily the salt forms) from the terminal ileum. Although the complete mechanism by which maralixibat improves pruritus in ALGS patients is unknown, it may involve inhibition of the IBAT, which results in decreased reuptake of bile salts, as observed by a decrease in serum bile acids.

Policy:

INITIAL CRITERIA Maralixibat (Livmarli®) is approved when ALL of the following are met:

1. Diagnosis of Alagille Syndrome (ALGS) as confirmed by BOTH of the following:
    a. Molecular genetic testing confirms mutations in the JAG1 or NOTCH2 gene; and
    b. One of the following:
        i. Total serum bile acid > 3x the upper limit of normal (ULN); or
        ii. Conjugated bilirubin > 1 mg/dL; or
        iii. Fat soluble vitamin deficiency otherwise unexplainable; or
        iv. Gamma-glutamyl transpeptidase (GGT) > 3x ULN; and
2. Member is experiencing moderate to severe cholestatic pruritus; and
3. Member is 1 year of age or older; and
4. Prescribed by or in consultation with a hepatologist or gastroenterologist; and
5. Member has had an inadequate response or inability to tolerate at least two of the following treatments used for the relief of pruritus:
    a. Ursodeoxycholic acid (e.g., Ursodiol); or
    b. Antihistamines (e.g., diphenhydramine, hydroxyzine); or
    c. Rifampin; or
    d. Bile acid sequestrants (e.g., cholestyramine, colestipol, colesevelam)

Initial authorization duration: 6 months

REAUTHORIZATION CRITERIA Maralixibat (Livmarli®) is re-approved with documentation of positive clinical response to therapy (e.g., reduced bile acids, reduced pruritus severity score)

Reauthorization duration: 2 years

Black Box Warning as shown in the drug Prescribing Information:

N/A

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

Erlichman, J. Causes of cholestasis in neonates and young infants. UpToDate. September 2022. Available at: https://www.uptodate.com. Accessed January 06, 2023.

Ben Ameur, S.; Chabchoub, I.; Telmoudi, J.; Belfitouri, Y.; Rebah, O.; Lacaille, F.; Aloulou, H.; Mehrzi, A.; Hachicha, M. (2016). Management of cholestatic pruritus in children with Alagille syndrome: Case report and literature review. Archives de Pédiatrie, 23(12), 1247–1250. doi:10.1016/j.arcped.2016.09.004

Livmarli® (maralixibat) [package insert]. Foster City, CA. Mirum Pharmaceuticals Inc. September 2021. Available at: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=64000394-1ef6-4e76-8ba8-11f25ba1b167. Accessed January 06, 2023.

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Livmarli®	Maralixibat

Cross References:

Rx.01.33 Off Label Use

Policy Version Number:	2.00
P&T Approval Date:	December 08, 2022
Policy Effective Date:	April 01, 2023
Next Required Review Date:	December 08, 2023