Clinical Policy Title:	maralixiba
Policy Number:	RxA.709
Drug(s) Applied:	Livmarli™
Original Policy Date:	12/07/2021
Last Review Date:	12/07/2021
Line of Business Policy Applies to:	All lines of business

Background

Maralixiba (Livmarli™) is an ileal bile acid transporter (IBAT) inhibitor indicated for the treatment of cholestatic pruritus in patients with Alagille syndrome (ALGS) 1 year of age and older.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
maralixiba (Livmarli™)	Cholestatic pruritus in patients with Alagille syndrome (ALGS).	The recommended dosage is 380 mcg/kg once daily, taken 30 minutes before the first meal of the day. Starting dose is 190 mcg/kg orally once daily and should be increased to 380 mcg/kg once daily after one week, as tolerated.	380 mcg/kg/day (Max: 28.5 mg/day) orally

Dosage Forms

- Oral solution: 9.5 mg of maralixibat per mL.

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Cholestatic pruritus in patients with Alagille syndrome (ALGS) (must meet all):

1. Diagnosis of cholestatic pruritus in patients with Alagille syndrome (ALGS);
2. Prescribed by in consultation with a hepatologist or gastroenterologist;
3. Age ≥ 1 years;

4. Symptoms of moderate to very severe pruritus;
5. Cholestasis, as indicated by at least 1 of the following:
   a. Total serum bile acid >3 × upper limit of normal (ULN) for age;
   b. Conjugated bilirubin >1 mg/dL;
   c. Fat soluble vitamin deficiency that is otherwise unexplainable;
   d. Gamma Glutamyl Transferase (GGT) >3 × ULN for age;
   e. Intractable pruritus explainable only by liver disease;
6. Patient does not have chronic diarrhea requiring ongoing intravenous fluid or nutritional intervention;
7. No history of surgical interruption of enterohepatic circulation (for example, partial external biliary diversion [PEBD] surgery);
8. No history of liver transplant;
9. No clinical evidence of decompensated cirrhosis;
10. Trial and failure of 2 of the following medications used to treat pruritus, unless contraindicated or clinically significant adverse effects are experienced:
    a. Ursodiol (ursodeoxycholic acid);
    b. Cholestyramine;
    c. Rifampin;
    d. Naltrexone;
    e. Sertraline;
11. Requested dose does not exceed 28.5 mg/day orally.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Cholestatic pruritus in patients with Alagille syndrome (ALGS) (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy (eg tolerating therapy and documentation of improvement in pruritis);
3. If request is for a dose increase, new dose does not exceed 28.5 mg orally once daily.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
ALGS: Alagille syndrome
ULN: upper limit of normal
PEBD: partial external biliary diversion
GGT: Gamma Glutamyl Transferase

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
ursodiol (Reltone®, Urso 250®, Urso Forte®)	8 to 10 mg/kg/day in 2 to 3 divided doses	8 to 10 mg/kg/day in 2 to 3 divided doses
cholestyramine (Prevalite®, Questran®, Questran Light®)	4 g orally given 1 to 2 times daily before meals	The maximum recommended is 16 g/day.
rifampin (Rifadin®)	10 mg/kg orally once daily	10 mg/kg orally once daily

Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None reported.

- Boxed Warning(s):
  - None reported.

APPENDIX D: General Information

- Liver Test Abnormalities: Obtain baseline liver tests and monitor during treatment. Dose reduction or treatment interruption may be considered if abnormalities occur. For persistent or recurrent liver test abnormalities, consider Livmarli™ discontinuation.

References

1. Livmarli™ Prescribing Information. Foster City, CA: Mirum Pharmaceuticals Inc; September 2021. Available at: https://files.mirumpharma.com/livmarli/livmarli-prescribinginformation.pdf Accessed October 18, 2021.
2. Clinical Pharmacology powered by ClinicalKey. Tampa, FL: Elsevier, 2021. Available at: http://www.clinicalkey.com. Accessed October 18, 2021.
3. IPD Analytics Rx Insights_New Drug Review_ Livmarli™ 09 2021. Available at: https://Secure.ipdanalytics.com/user/Pharma/RxStrategy/Search?q=Livmarli Accessed October 18, 2021.
4. Maralixiba, Lexi-Drug. Lexicomp. Wolters Kluwer. Hudson, OH. Available at https://online.lexi.com. Accessed October 18, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	10/19/2021	12/07/2021