



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1373-3
Program	Prior Authorization/Notification
Medication	Livmarli™ (maralixibat)
P&T Approval Date	11/2021, 11/2022, 5/2023
Effective Date	8/1/2023; Oxford only: 8/1/2023

1. Background:

Livmarli (maralixibat) is an ileal bile acid transporter (IBAT) inhibitor indicated for the treatment of cholestatic pruritis in patients with Alagille syndrome (ALGS) 3 months of age and older.

2. Coverage Criteria^a:

A. Initial Authorization

1. **Livmarli** will be approved based upon **both** of the following criteria:

a. Diagnosis of Alagille syndrome (ALGS)

-AND-

b. Patient is experiencing cholestatic pruritus associated with ALGS.

Authorization will be issued for 6 months.

B. Reauthorization

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

a. Documentation of positive clinical response to Livmarli therapy

Authorization will be issued for 12 months.

^aState 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 may be in place.

4. Reference:

1. Livmarli [package insert]. Foster City, CA: Mirum Pharmaceuticals, Inc.; March 2023.



Program	Prior Authorization/Notification - Livmarli (maralixibat)
Change Control	
11/2021	New program
11/2022	Annual review with no changes to coverage criteria. Added state mandate footnote.
5/2023	Updated background with expanded indication in ALGS patients 3 months of age and older. No change to coverage criteria. Updated reference.