



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

MARALIXIBAT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
MARALIXIBAT CHLORIDE	LIVMARLI	47604		GPI-10 (5235005010)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of cholestatic pruritus associated with Alagille syndrome (ALGS) **AND** meet the following criterion?

- The patient is 3 months of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #3mL per day.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **MARALIXIBAT (Livmarli)** requires the following rule(s) be met for approval:

- A. You have cholestatic pruritus (a type of skin condition) associated with Alagille syndrome (ALGS: a type of genetic disorder)
- B. You are 3 months of age or older

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Livmarli.

REFERENCES

- Livmarli [Prescribing Information]. Foster City, CA: Mirum Pharmaceuticals, Inc.; March 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/10/23

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P&T Approval: 04/23