SENTARA COMMUNITY PLAN
(MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Livmarli® (maralixibat)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Provider please note:

- Livmarli® oral solution 9.5 mg/mL should be prescribed for the treatment of ALGS only
- Livmarli® oral solution 19 mg/mL should be prescribed for the treatment of PFIC only

Quantity Limits:

- Livmarli® oral solution 9.5 mg/mL – 3 mL per day
- Livmarli® oral solution 19 mg/mL – 2 mL per day
- Livmarli® oral tablets 10 mg, 15 mg & 20 mg – 2 tablets per day
- Livmarli® oral tablets 30 mg – 1 tablet per day

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

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❑ **DIAGNOSIS: Cholestatic pruritus due to Alagille syndrome**

Recommended Dosage: 380 mcg/kg once daily, taken 30 minutes before a meal in the morning. Start dosing at 190 mcg/kg administered orally once daily; after one week, increase to 380 mcg/kg once daily, as tolerated. The maximum daily dose should not exceed 28.5 mg (3 mL) per day for Livmarli oral solution and 30 mg per day for Livmarli tablets. Select the appropriate product based on the patient's weight and ability to swallow tablets.

9.5 mg/mL LIVMARLI Oral Solution for Patients with ALGS: Volume per Dose (mL) by weight

Patient weight (kg)	Days 1 to 7 (190 mcg/kg once daily)	Beginning day 8 (380 mcg/kg once daily)
	9.5 mg/mL Solution (for ALGS) Volume per Dose (mL)	
5 to 6	0.1	0.2
7 to 9	0.15	0.3
10 to 12	0.2	0.45
13 to 15	0.3	0.6
16 to 19	0.35	0.7
20 to 24	0.45	0.9
25 to 29	0.5	1
30 to 34	0.6	1.25
35 to 39	0.7	1.5
40 to 49	0.9	1.75
50 to 59	1	2.25
60 to 69	1.25	2.5
70 or higher	1.5	3

LIVMARLI Tablets for Patients with ALGS: Dosage by Weight

Patient weight (kg)	Days 1 to 7 (190 mcg/kg once daily)	Beginning day 8 (380 mcg/kg once daily)
Less than 25	Use Oral Solution	Use Oral Solution
25 to 32		10 mg
33 to 43		15 mg
44 to 65	10 mg	20 mg
66 or higher	15 mg	30 mg

Length of Authorization: 12 months

- ❑ Member is 3 months of age or older
- ❑ Member has been diagnosed with Alagille syndrome

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❑ DIAGNOSIS: Progressive Familial Intrahepatic Cholestasis

Recommended Dosage: 570 mcg/kg twice daily 30 minutes before a meal. The starting dose is 285 mcg/kg orally once daily in the morning, and should be increased to 285 mcg/kg twice daily, 428 mcg/kg twice daily, and then to 570 mcg/kg twice daily, as tolerated. The maximum daily dose should not exceed 38 mg (2 mL) per day for Livmarli oral solution and 40 mg per day for Livmarli tablets. Select the appropriate product based on the patient's weight and ability to swallow tablets.

19 mg/mL LIVMARLI Oral Solution for Patients with PFIC: Volume per Dose (mL) by Weight

Patient Weight (kg)	285 mcg/kg (once daily titrated to twice daily)	428 mcg/kg (twice daily)	570 mcg/kg (twice daily as tolerated)
	19 mg/mL Solution (for PFIC) Volume per Dose (mL)		
5	0.1	0.1	0.15
6 to 7	0.1	0.15	0.2
8	0.1	0.2	0.25
9	0.15	0.2	0.25
10 to 12	0.15	0.25	0.3
13 to 15	0.2	0.3	0.4
16 to 19	0.25	0.4	0.5
20 to 24	0.3	0.5	0.6
25 to 29	0.4	0.6	0.8
30 to 34	0.45	0.7	0.9
35 to 39	0.6	0.8	1
40 to 49	0.6	0.9	1
50 to 59	0.8	1	1
60 or higher	0.9	1	1

LIVMARLI Tablets for Patients with PFIC: Dosage by Weight

Patient Weight (kg)	285 mcg/kg (twice daily)	428 mcg/kg (twice daily)	570 mcg/kg (twice daily)
Less than 25	Use Oral Solution	Use Oral Solution	Use Oral Solution
25 to 32			15 mg
33 to 43	10 mg	15 mg	20 mg
44 or higher	15 mg	20 mg	20 mg

Length of Authorization: 12 months

- ❑ Member is 12 months of age or older
- ❑ Member has been diagnosed with progressive familial intrahepatic cholestasis (PFIC)

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Medication being provided by Specialty Pharmacy - PropriumRx

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.*

***Approved by Pharmacy and Therapeutics Committee**: ~~1/20/2022; 5/25/2023; 5/23/2024; 9/26/2024;~~ **7/24/2025**
REVISED/UPDATED/REFORMATTED: ~~1/11/2022; 2/24/2022; 3/23/2022; 6/15/2023; 5/17/2024; 6/6/2024; 10/15/2024; 8/22/2025;~~ **6/26/2026**