

FOR HEALTH CARE PROVIDERS

# DEDICATED ACCESS SUPPORT WHEN PRESCRIBING LIVMARLI<sup>®</sup> (maralixibat) oral solution

Mirum Access Plus (MAP) Is With You  
Every Step of the Way

MAP works alongside you and your patients at every turn—  
offering dedicated support when and where it's needed.



MAP will support you through the payer approval process and will help determine financial support options for eligible patients



MAP helps your patients understand the process to access their prescribed medication and keeps them informed along the way



MAP also offers enrolled patients educational materials, referrals to outside resources, and ongoing support

## INDICATIONS

LIVMARLI is indicated for the treatment of cholestatic pruritus in patients who are 3 months of age and older with Alagille syndrome.

LIVMARLI is indicated for the treatment of cholestatic pruritus in patients who are 12 months of age and older with progressive familial intrahepatic cholestasis (PFIC).

Limitations of Use: LIVMARLI is not recommended in a subgroup of patients with PFIC type 2 with specific *ABCB11* variants resulting in nonfunctional or complete absence of bile salt export pump protein.

**Please see Selected Important Safety Information on the last page and full Prescribing Information for LIVMARLI.**

IF YOU HAVE ANY QUESTIONS ABOUT MAP, CONTACT US AT:



**1-855-MRM-4YOU** (1-855-676-4968)

Monday to Friday, 8 AM to 8 PM ET

**mirum** access<sup>™</sup>  
PLUS

Navigating  
Together

## Understanding the Steps

# HELP YOUR PATIENTS SECURE ACCESS TO LIVMARLI® (maralixibat) oral solution

After prescribing LIVMARLI, you play an important role in helping your patients access their medicine without delay.

### STEP 1



#### Complete the Patient Enrollment Form

- **Include insurance information** by providing a copy of the patient's insurance card (front and back) and/or a copy of the patient's demographics from electronic medical records. Ensure that the prescription drug benefit information or card is included
- **Complete all required fields** (marked with an asterisk) to avoid processing delays
- **Encourage patients/caregivers to consent** to receive MAP services and text messages to get the most support from the program

### STEP 2



#### Determine Insurance Coverage

- **A dedicated MAP Coordinator will perform a benefits verification**, which will determine:
  - Coverage of LIVMARLI and whether an authorization is necessary for the patient's health plan
  - Patient need and eligibility for financial support options that may help with out-of-pocket costs, such as a \$10 savings program\* or the potential to receive the drug free of charge†

### STEP 3



#### Complete Payer Approval Process

- **The correct prior authorization (PA) or medical exception (ME) form will be provided to your office from MAP or directly from the payer.** MAP will follow up with the payer until a determination is made
- Once approved, the **coverage authorization status will be communicated** to your office and the patient or caregiver

\*Pay as little as \$10 per fill for commercially insured patients. Subject to program terms and conditions.

†Drug free of charge through the Mirum Patient Assistance Program (PAP) if you are uninsured or your health plan does not offer coverage. Subject to program terms and conditions.

#### PRESCRIBING OPTIONS:



Fax the LIVMARLI Enrollment Form to 1-855-282-4884



E-prescribe LIVMARLI to EVERSANA Life Science Services

STEP 4

STEP 5

**Appeal a Denial,  
if Necessary**



- In the event of a denial, **MAP will share potential options for the appeal process**, including initiating a peer-to-peer discussion with the payer or assistance with submitting a formal appeal
- If the appeal is denied, **MAP will refer your patient to the Patient Assistance Program (PAP), as appropriate.** Completion of the health care professional portion of the PAP application will be necessary for evaluating your patient's eligibility for the PAP

**SP Dispenses  
LIVMARLI**



- MAP specialty pharmacy (SP) will provide a therapy consultation call covering instructions for use before coordinating the overnight shipment of LIVMARLI to the patient's home
- MAP SP provides 24/7 pharmacist availability for your patients
- MAP will perform active refill management to prevent gaps in therapy and will work with your office to resolve insurance requirements, such as reauthorizations

**Supporting Success  
With LIVMARLI Therapy**

MAP offers an enhanced, personalized experience for enrolled patients as they start and stay on therapy. A dedicated team of MAP Navigators will deliver simple and flexible patient support for medication and related wellness. Plus, for busy families on the go, MAP Mobile makes communicating insurance information and e-signatures easy and convenient. Encourage your patients to sign up to receive dedicated resources, educational support, and mobile communications at no cost to them.

**Please see Selected Important Safety Information on the last page and full Prescribing Information for LIVMARLI.**

Patients can sign up for MAP services by visiting [Livmarli.com](http://Livmarli.com) or **can call MAP at:**

 **1-855-MRM-4YOU (1-855-676-4968)**  
Monday to Friday, 8 AM to 8 PM ET



# INCLUDE KEY INFORMATION ON COVERAGE AUTHORIZATION FORMS TO ENSURE TIMELY ACCESS

## Authorization Form Checklist

### Substantiate medical necessity for LIVMARLI® (maralixibat) oral solution

- ✓ Confirm diagnosis
- ✓ Describe patient's clinical disease history and relevant lab results (eg, serum bile acid)
- ✓ Include supporting diagnosis information
- ✓ Describe pruritus severity
- ✓ Document prior and current treatments and responses
- ✓ Ensure all questions are addressed on the required form

### Other Key Considerations

- Payers may require a preauthorization before approving coverage for LIVMARLI. Some payers may not include LIVMARLI on their formulary (ie, list of covered medications) but they may still approve coverage with completion of a medical exception request. Payers may require specific forms to be used depending on the particular situation
- The correct form will be provided to your office directly from the payer, or if available, by MAP
- Some plans may require a reauthorization after a set amount of time (eg, 6 months) from the initial approval. The reauthorization process seeks to ensure that the approved therapy is still appropriate and may require clinical documentation as evidence that patients are responding to treatment. Be sure to maintain up-to-date clinical documentation of pruritus severity and relevant lab results for your patients who are treated with LIVMARLI to help facilitate any necessary reauthorization

### SELECTED IMPORTANT SAFETY INFORMATION

#### CONTRAINDICATIONS

LIVMARLI is contraindicated in patients with prior or active hepatic decompensation events (eg, variceal hemorrhage, ascites, or hepatic encephalopathy).

#### WARNINGS AND PRECAUTIONS

**Hepatotoxicity:** LIVMARLI treatment is associated with a potential for drug-induced liver injury (DILI). In the PFIC trial, treatment-emergent hepatic decompensation events and elevations of liver tests or worsening of liver tests occurred.

Please see full [Prescribing Information](#) for LIVMARLI.

#### PRESCRIBING OPTIONS:

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