Livmarli®
(maralixibat) oral solution

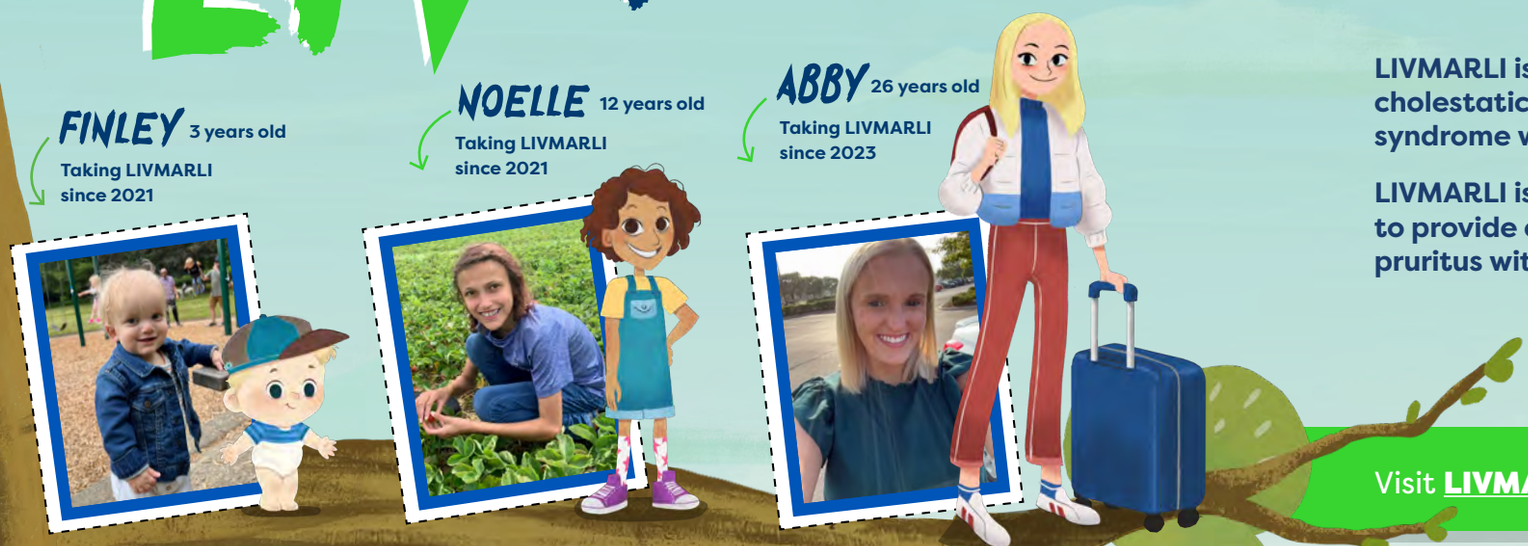
Help your patients rise above cholestatic pruritus so they can

LIV IT UP

FINLEY 3 years old
Taking LIVMARLI since 2021

NOELLE 12 years old
Taking LIVMARLI since 2021

ABBY 26 years old
Taking LIVMARLI since 2023



LIVMARLI is an FDA-approved treatment for cholestatic pruritus in patients with Alagille syndrome who are 3 months of age and older.[1]

LIVMARLI is the first and only treatment to provide early improvements in cholestatic pruritus with long-term impact.[2-4]

Visit **LIVMARLIhcp.com** to learn more.

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. In the Alagille syndrome trial, treatment-emergent elevations of liver tests or worsening of liver tests occurred.

Please see Important Safety Information throughout and full Prescribing Information.

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BILE ACID BUILDUP MAY FUEL CHOLESTATIC PRURITUS* NOW AND IMPACT THE LIVER LATER[5,6]

In Alagille syndrome, narrow, malformed, or a reduced number of bile ducts results in a **persistent state of cholestasis**, or inhibition of bile flow from the liver.[7,8]

In this cholestatic state, bile acids spill over into the bloodstream, **resulting in increased serum bile acid (sBA) levels systemically.**[6,9]

- In Alagille syndrome, sBA levels can be **elevated many times above the upper limit of normal**[10-12]

Long-term preservation of native liver in Alagille syndrome

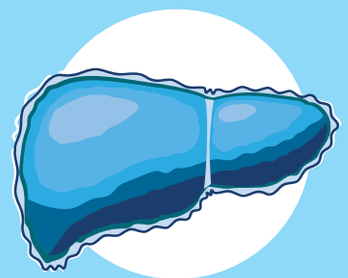
The Global ALagille Alliance (GALA) natural history study of patients with Alagille syndrome showed that higher sBAs are associated with a decrease in native liver survival (NLS).

Patients who had a median sBA >102 µmol/L **in the first 3 years of life had reduced NLS at 8 years of age** (*P*=0.005).[13]

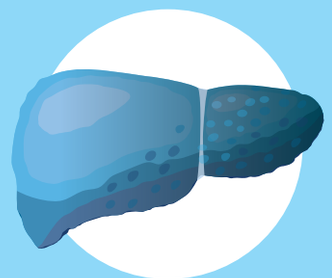
*The pathophysiology of cholestatic pruritus in Alagille syndrome is not completely known.

CONSEQUENCES OF CHOLESTASIS

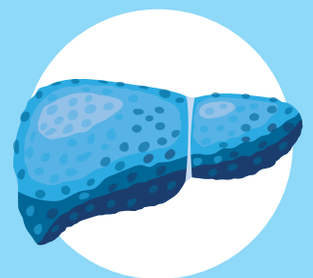
Cholestasis leads to bile acid buildup in the liver and is the main driver of[5,7,14,15]:



INFLAMMATION



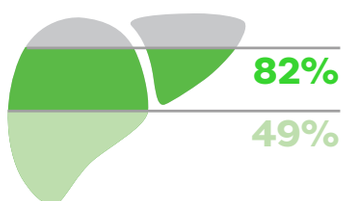
PROGRESSIVE LIVER INJURY



FIBROSIS

In Alagille syndrome, it has been reported that **only 24% to 40%** of children are alive and have their native liver by adulthood.[12,16]

Many patients with uncontrolled cholestatic pruritus continue to opt for surgical biliary diversion and/or liver transplant.[7,17]



Refractory cholestatic pruritus was an indication in **49% to 82%** of liver transplants in Alagille syndrome.[18,19]

CHOLESTATIC PRURITUS IS MORE THAN JUST SCRATCHING

Cholestatic pruritus, which has been correlated with elevated serum bile acids (sBA), is a consequence of ongoing cholestasis.[6,7,20]

- Other consequences may include jaundice or growth deficiencies[7,17,20,21]

Cholestatic pruritus affects up to 88% of patients with Alagille syndrome[17]

Cholestasis-related pruritus due to Alagille syndrome is among the worst of any liver disease[7,22]

When cholestatic pruritus remains uncontrolled, patients with Alagille syndrome can also struggle with[17,22-28]**:**

Wiggling, rubbing, fidgeting, and/or physical unrest

Skin damage

Irritability

Physical discomfort

Impaired school performance

Decreased physical function

Negative impact on social activities

THE IMPACT ON SLEEP AND FATIGUE

53%

of patients **report difficulty falling asleep due to cholestatic pruritus.**[23]

59%

of patients report **difficulties staying asleep.**[23]

ZZZ

Sleep disruptions caused by **cholestatic pruritus are associated with fatigue.**[29]

Consequently, cholestatic pruritus may contribute to reduced quality of life, impacting aspects of school or emotional, mental, or physical functioning.[7,17,23,27]

For patients with Alagille syndrome, there is a need for effective treatment options that reduce bile acid buildup, promptly relieve cholestatic pruritus, and improve long-term liver outcomes.[7]

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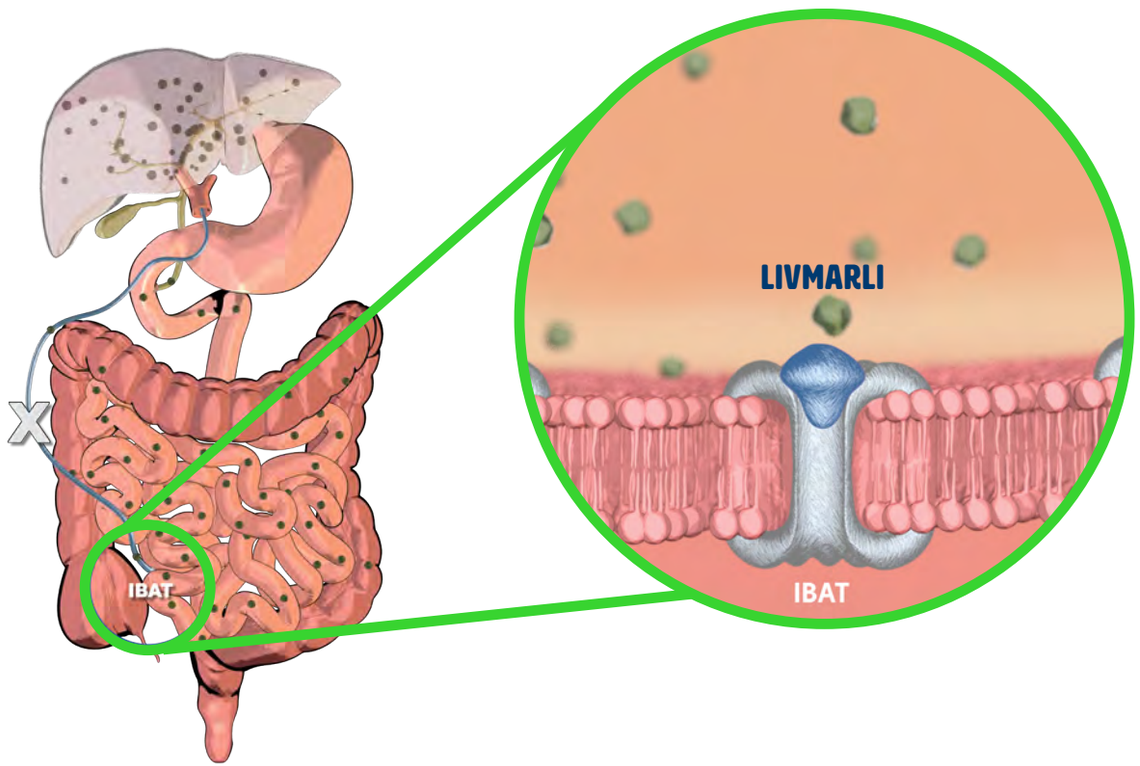
LIVMARLI BATTLES BILE ACID BUILDUP

LIVMARLI is an ileal bile acid transporter (IBAT) inhibitor designed to decrease the bile acid pool in the body.[1,2,30]



LIVMARLI interrupts recirculation of bile acids to the liver and increases their fecal excretion to **reduce bile acid levels in the body (as measured by serum bile acids [sBA])**, with minimal systemic absorption.[1,2,30]

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hepatotoxicity: Obtain baseline liver tests and monitor during treatment. Liver-related adverse reactions and physical signs of hepatic decompensation should also be monitored. Dose reduction or treatment interruption may be considered if abnormalities occur in the absence of other causes. For persistent or recurrent liver test abnormalities, consider treatment discontinuation. Permanently discontinue LIVMARLI if a patient experiences the following: persistent or recurrent liver test abnormalities, clinical hepatitis upon rechallenge, or a hepatic decompensation event.

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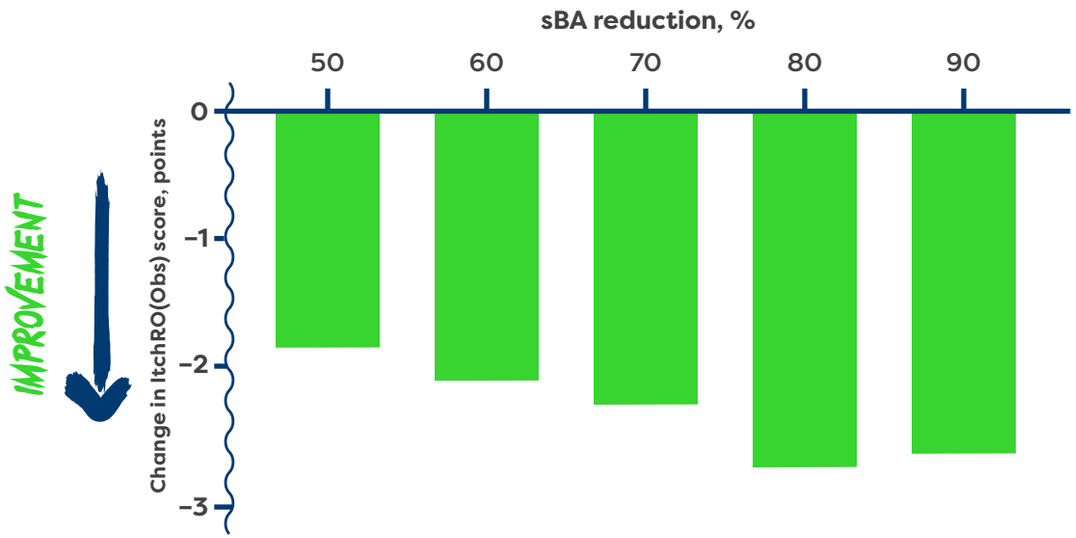
LIVMARLI BATTLES BILE ACID BUILDUP

In the ICONIC pivotal study, reductions in cholestatic pruritus intensity correlated with serum bile acid (sBA) reductions.[31]

Change in cholestatic pruritus intensity in relation to changes in sBA at Week 48 in patients with Alagille syndrome[31]



During the first year of treatment, **83% (n=24/29) of patients with Alagille syndrome** experienced a **≥20% reduction in sBA levels vs baseline** with once-daily LIVMARLI.[2,32]

- Cholestatic pruritus was assessed each day, in the morning and evening, using the **Itch Reported Outcome (ItchRO) scale—a validated tool designed to assess the impact of cholestatic pruritus** in people with cholestatic liver disease, including Alagille syndrome. The ItchRO score is a 0–4 scale, where 0 is none, 1 is mild, 2 is moderate, 3 is severe, and 4 is very severe[2]
- Changes in ItchRO score of ≥1.0 have been shown to be clinically meaningful[2]

Although the complete mechanism by which LIVMARLI improves cholestatic pruritus in patients with Alagille syndrome is unknown, it may involve inhibition of the IBAT, which results in decreased reuptake of bile salts, as observed by a decrease in sBA.[1]

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Gastrointestinal (GI) Adverse Reactions: Diarrhea and abdominal pain were reported as the most common adverse reactions. Monitor for dehydration and treat promptly. Consider reducing the dosage or interrupting dosing if a patient experiences persistent diarrhea or has diarrhea with bloody stool, vomiting, dehydration requiring treatment, or fever.

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THE FIRST PIVOTAL STUDY OF ITS KIND

The ICONIC study assessed efficacy and safety of treatment with LIVMARLI in patients ≥1 year old with cholestatic pruritus associated with Alagille syndrome.[1,2]

Participants also had the following baseline characteristics[2]:

Characteristics	All participants (N=31)
Mean age at baseline visit, years (SD)	5.4 (4.2)
Sex, n (%)	–
Female	12 (39)
Male	19 (61)
Genotyped mutation within *JAG1*, n (%)	31 (100)
History of receiving treatment for pruritus, n (%)	–
Any medication	29 (94)
Ursodeoxycholic acid	25 (81)
Rifampicin	23 (74)
Naltrexone	1 (3)
Sertraline	1 (3)
Trial parameter, mean (SD)	–
ItchRO(Obs) weekly morning average severity score*	2.9 (0.5)
CSS score	3.3 (0.9)
sBA, µmol/L	283 (211)

Participants' baseline scores were calculated as the average of the daily Itch Reported Outcome (ItchRO) scores over 2 consecutive weeks during the screening period.[2]

FSV supplements were available as standard of care (SOC) throughout the study. No changes beyond SOC in supplementation occurred during the study.[2]

Safety, tolerability, and pharmacokinetics of LIVMARLI in patients aged 3 months to 1 year were evaluated in **RISE, a 13-week, open-label, Phase 2 study** (N=8). Participants received 380 mcg/kg once daily, in addition to SOC.[1,33]

CSS=Clinician Scratch Scale; FSV=fat-soluble vitamin; ItchRO(Obs)=Itch Reported Outcome (Observer); sBA=serum bile acid; SD=standard deviation.

*Average ItchRO(Obs) scores are based on the 7 days prior to baseline visit.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Fat-Soluble Vitamin (FSV) Deficiency: Patients can have FSV deficiency (vitamins A, D, E, and K) at baseline, and LIVMARLI may adversely affect absorption of FSVs. If bone fractures or bleeding occur, consider interrupting LIVMARLI and supplement with FSVs. LIVMARLI can be restarted once FSV deficiency is corrected and maintained at corrected levels.

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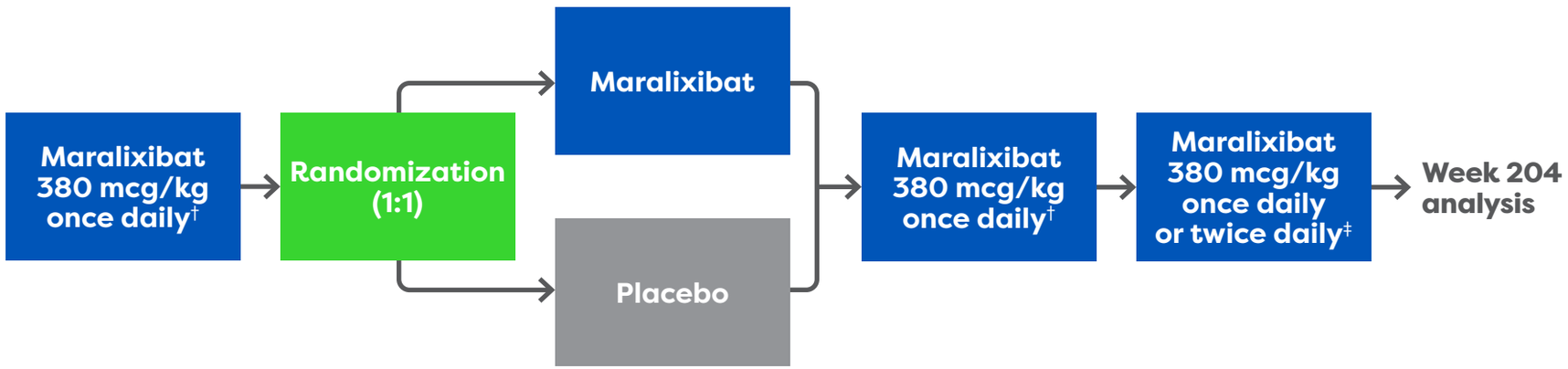
THE FIRST PIVOTAL STUDY OF ITS KIND

Study design[1,2]



Cholestatic pruritus responses to LIVMARLI were assessed through approximately 4 years.[2]

†Included a 6-week dose escalation period for all participants during the first 6 weeks of the open-label treatment period and for participants who received placebo during the randomized withdrawal design (RWD).
‡Twice-per-day dosing was allowed after Week 100. The approved dosage of LIVMARLI is 380 mcg/kg once daily.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Risk of Propylene Glycol Toxicity (Pediatric Patients Less Than 5 Years of Age): Total daily intake of propylene glycol should be considered for managing the risk of propylene glycol toxicity. Monitor patients for signs of propylene glycol toxicity. Discontinue LIVMARLI if toxicity is suspected.

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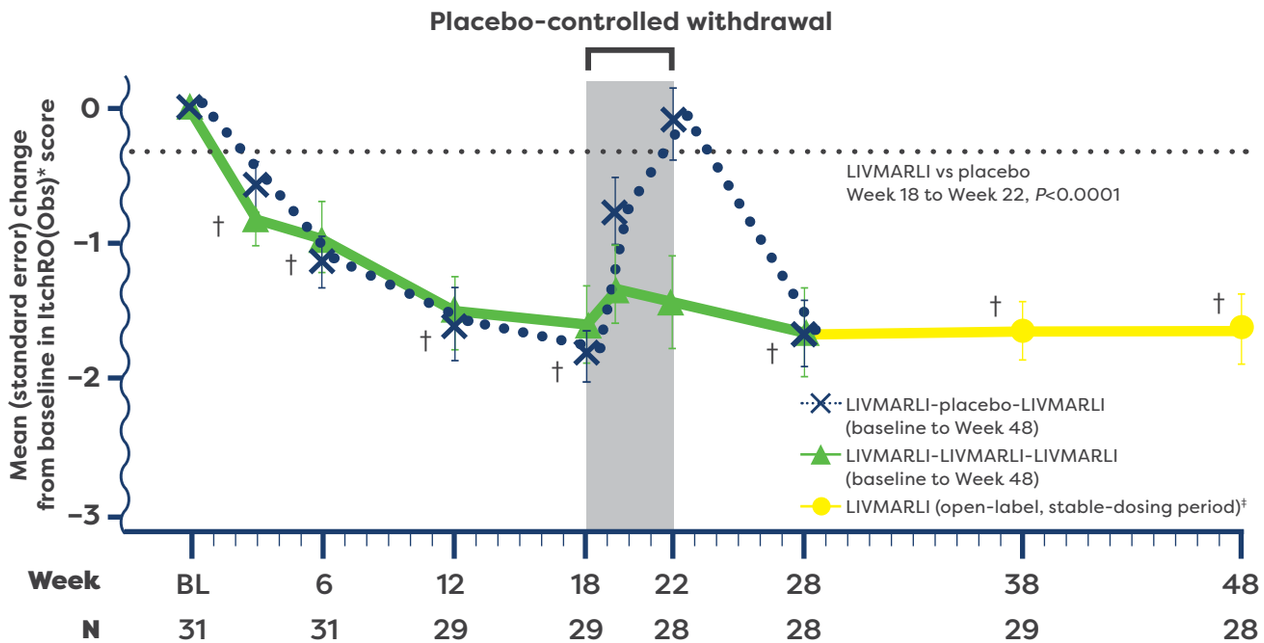
EARLY IMPROVEMENTS IN CHOLESTATIC PRURITUS

Improvements in cholestatic pruritus over time[2,34]



Significant improvements in cholestatic pruritus from baseline were seen **at the very first assessment** (Week 3), with the full effect achieved by Week 18 and maintained through 1 year with once-daily LIVMARLI (*P*<0.0001).[2,34]

*Cholestatic pruritus was assessed each day, in the morning and evening, using the Itch Reported Outcome (ItchRO) scale—a validated tool designed to assess the impact of cholestatic pruritus in people with cholestatic liver disease, including Alagille syndrome. The ItchRO score is a 0–4 scale, where 0 is none, 1 is mild, 2 is moderate, 3 is severe, and 4 is very severe. Changes in ItchRO score of 1.0 or more have been shown to be clinically meaningful. ItchRO(Obs) was completed by caregivers and was the basis for the key pruritus endpoint. The patient-rated ItchRO (ItchRO[Pt]) was completed independently by participants aged 9 years or older and with caregiver assistance for participants aged 5 to 8 years.[2,34]

†Change from baseline, *P*<0.0001.

‡Included an initial 6-week dose escalation for participants previously receiving placebo.

84%

During the first year of treatment, **84% (n=26/31) of patients with Alagille syndrome experienced clinically meaningful improvements in cholestatic pruritus** compared with baseline with once-daily LIVMARLI.[2]

- "Clinically meaningful" was defined as ≥1.0 ItchRO(Obs) improvement vs baseline[2]

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS

The most common adverse reactions are diarrhea, abdominal pain, vomiting, FSV deficiency, liver test abnormalities, and bone fractures.

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EARLY IMPROVEMENTS IN CHOLESTATIC PRURITUS

POST HOC ANALYSIS

During the first year, patients with Alagille syndrome receiving LIVMARLI in the pivotal ICONIC study had **an increasing proportion of days with minimal to no cholestatic pruritus.**[35]

95%

In patients who remained on LIVMARLI (n=21) during the open-label extension (beyond 48 weeks), **the median proportion of days with minimal to no cholestatic pruritus was 95%.**[35§]

§Based on mean daily morning Itch Reported Outcome (Observer) (ItchRO[Obs]) scores in patients who remained on LIVMARLI through 4 years.[35]

4 YEARS

For patients who remained on treatment with LIVMARLI in the open-label extension (n=15), **cholestatic pruritus responses compared with baseline were durable through nearly 4 years.**[2]

IMPORTANT SAFETY INFORMATION (cont'd)

DRUG INTERACTIONS

Administer bile acid binding resins at least 4 hours before or 4 hours after administration of LIVMARLI.
A decrease in the absorption of OATP2B1 substrates (eg, statins) due to OATP2B1 inhibition by LIVMARLI in the GI tract cannot be ruled out. Consider monitoring the drug effects of OATP2B1 substrates as needed.

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LONG-TERM LIVER IMPACT

In a post hoc analysis, patients with Alagille syndrome who were treated with LIVMARLI in 3 long-term clinical studies (N=76) were followed to identify predictors of long-term, transplant-free survival.[3]

Transplant-free survival was defined as time to liver transplant or death.[3]

Median follow-up was 5.1 years (range: 1.0 year to 7.3 years).[36]

This analysis included **patients aged 14 months to 17.25 years**, with median (Q1, Q3) serum bile acids (sBA) 184 µmol/L (78, 361) and median (Q1, Q3) ItchRO(Obs) score 2.7 (2.1, 3.1) at baseline.[3]

Patients (N=76) with moderate-to-severe cholestatic pruritus who had a **perceived benefit from LIVMARLI, remained on treatment for at least 48 weeks**, and had **lab results at 48 weeks** were included in this analysis. No placebo arm was included.[3]

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hepatotoxicity: LIVMARLI treatment is associated with a potential for drug-induced liver injury. In the Alagille syndrome trial, treatment-emergent elevations of liver tests or worsening of liver tests occurred. Permanently discontinue LIVMARLI if a patient experiences the following: persistent or recurrent liver test abnormalities, clinical hepatitis upon rechallenge, or a hepatic decompensation event.

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LONG-TERM LIVER IMPACT

6 years after starting LIVMARLI:

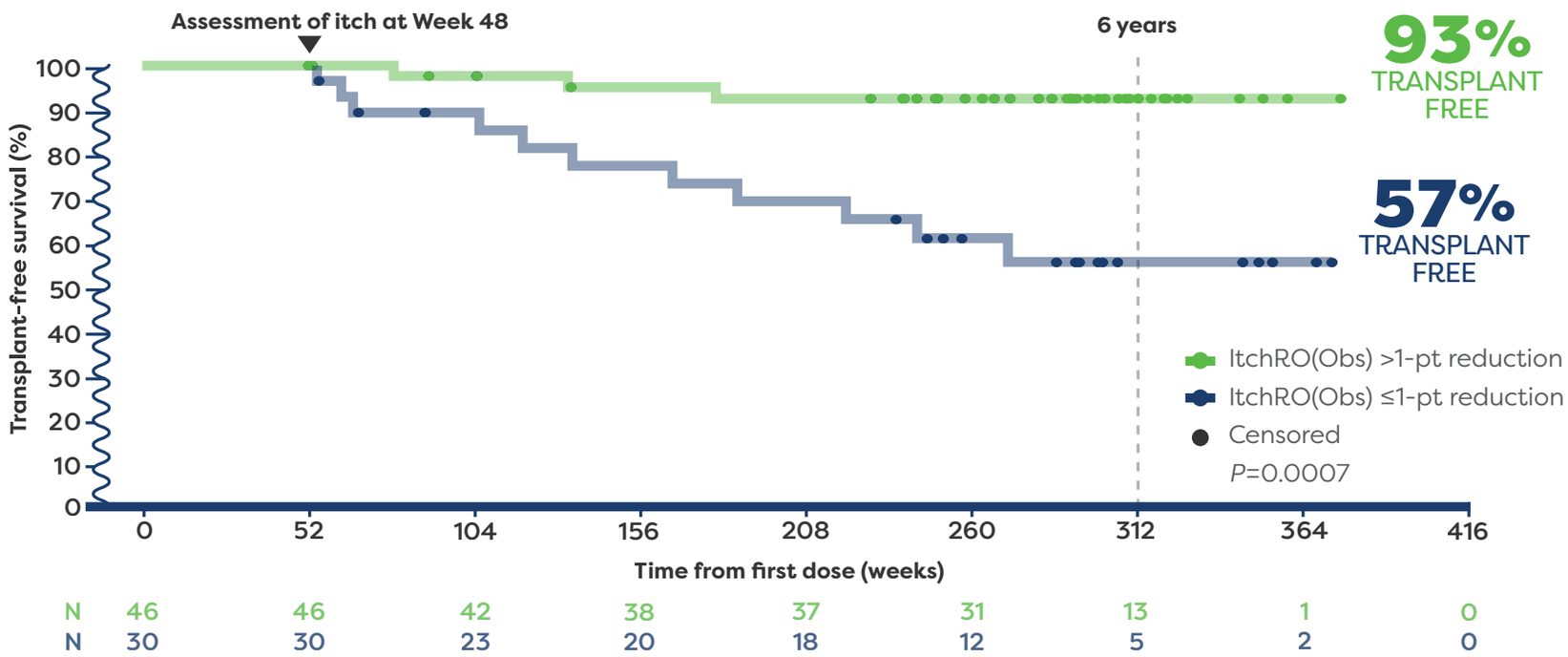
93% **of patients who achieved a >1-point reduction in Itch Reported Outcome (Observer) (ItchRO[Obs]) (n=46) remained transplant free.**[3,4*†]

- 57% of patients who had a ≤1-point reduction in ItchRO(Obs) (n=30) remained transplant free[3,4]

*The impact of LIVMARLI treatment on transplant-free survival has not been established. No liver histology to assess hepatic fibrosis was collected.[3]

†Transplant-free survival was defined as time to liver transplant or death.[3]

Refractory cholestatic pruritus was an indication for liver transplant in a large percentage of patients with Alagille syndrome.[3]



6 YEARS of data from **REAL PATIENTS** taking LIVMARLI.[3]

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hepatotoxicity: LIVMARLI treatment is associated with a potential for drug-induced liver injury. In the Alagille syndrome trial, treatment-emergent elevations of liver tests or worsening of liver tests occurred. Permanently discontinue LIVMARLI if a patient experiences the following: persistent or recurrent liver test abnormalities, clinical hepatitis upon rechallenge, or a hepatic decompensation event.

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RESULTS IN FATIGUE

This analysis assessed the impact of treatment response to LIVMARLI on patients with Alagille syndrome health-related quality of life (HRQoL) and used data from the pivotal trial, ICONIC. The Pediatric Quality of Life Inventory (PedsQL) Multidimensional Fatigue Scale was measured using a caregiver proxy report at baseline and Weeks 18, 22, and 48 that was collected prospectively during the study and analyzed retrospectively. As these scales were not specifically developed for patients with Alagille syndrome, a subset of individual items from the HRQoL scales deemed most relevant was independently selected by clinical experts for assessment with treatment response.[37]

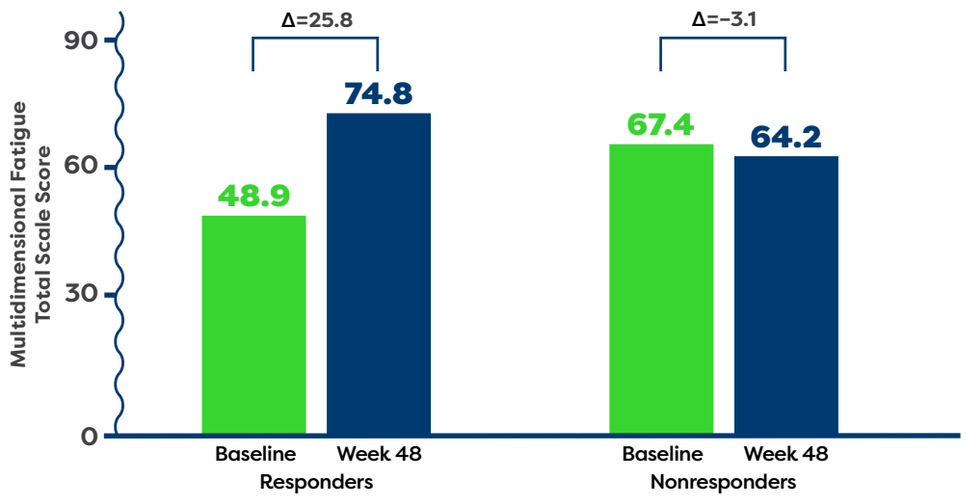
During the first year of treatment, 74% (n/N=20/27) of patients treated with LIVMARLI were considered responders.[37]

- Responders were defined as patients who had a ≥1-point Itch Reported Outcome (Observer) (ItchRO[Obs]) improvement from baseline to Week 48[37]

The mean (standard deviation [SD]) change in the Multidimensional Fatigue Scale total score was +25.8 (23.0) for responders vs −3.1 (19.8) for nonresponders.[37]

- The data were available in 21 patients at baseline and Week 48, and 6 patients had missing data at Week 48[37]

Multidimensional Fatigue total score*



*A higher value in the Multidimensional Fatigue total score represents a positive response.

Limitations:

- The PedsQL Multidimensional Fatigue Scale has not been optimized for pediatric patients with cholestatic diseases
- This analysis was limited by small sample sizes, in some cases due to missing data, meaning some of the analyses may have been underpowered. This study did not adjust for multiplicity
- Sleep-related items may have improved because reductions in pruritus result in fewer disruptions and a better quality of sleep
- Given these limitations, results should be interpreted with caution

Cholestatic pruritus responders had meaningful improvements in fatigue while being treated with LIVMARLI.[37]

IMPORTANT SAFETY INFORMATION (cont'd)

DOSING INFORMATION

LIVMARLI should be taken 30 minutes before a meal. The provided oral dosing dispenser must be used to accurately measure the dose. Any remaining LIVMARLI should be discarded 100 days after first opening the bottle.

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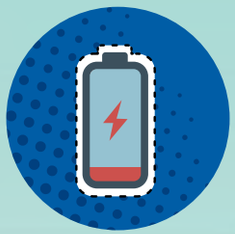
ASSESSED MULTIPLE FACETS OF FATIGUE

LIVMARLI responders experienced improvements in 5 sleep-related assessments of the Multidimensional Fatigue Scale compared with nonresponders, including[37]:

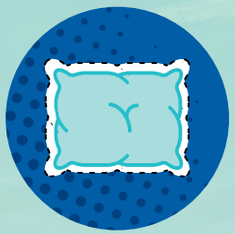


Feeling tired

Sleeping a lot

Difficulty sleeping through the night

Feeling tired upon waking



Taking lots of naps

Additional parameters assessed in the Multidimensional Fatigue Scale included "difficulty keeping his or her attention" and "resting a lot," but no meaningful results were observed.[37]

Cholestatic pruritus responders showed improvements in the sleep-related components of the Multidimensional Fatigue Scale while being treated with LIVMARLI.[37]

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WELL-CHARACTERIZED SAFETY AND TOLERABILITY PROFILE

Backed by >5 years of safety data,* LIVMARLI has well-established safety and tolerability in patients with cholestatic pruritus in Alagille syndrome.[1,38] **In the ICONIC study, there were no discontinuations of LIVMARLI due to ineffectiveness.**[2]

Adverse reactions occurring in ≥5% of patients treated with LIVMARLI in the Alagille syndrome clinical development program (n=86)[1†]

Adverse reaction	Any grade, n (%)	Number of events per 100 person-years[§]
Diarrhea	48 (55.8%)	41.6
Abdominal pain[‡]	46 (53.5%)	38.6
Vomiting	35 (40.7%)	19.8
Nausea	7 (8.1%)	2.9
FSV deficiency[‡]	22 (25.6%)	11.1
Transaminases increased (ALT, AST)[‡]	16 (18.6%)	6.9
Bone fractures[‡]	8 (9.3%)	3.3

Pediatric patients aged 3 months to <12 months had similar safety, tolerability, and pharmacokinetic profiles to those ≥1 year old.[1]

ALT=alanine aminotransferase; AST=aspartate aminotransferase; FSV=fat-soluble vitamin.

*The majority of exposure occurred without a placebo control in open-label extensions.
†Integrated safety profile from multiple clinical trials, including the ICONIC study.[1,38]
‡Terms were defined as: FSV deficiency includes: vitamins A, D, E, or K deficiency, or International Normalized Ratio (INR) increase; abdominal pain includes abdominal discomfort, abdominal distension, abdominal pain, abdominal pain lower, abdominal pain upper; transaminases increased includes ALT abnormal, ALT increased, AST abnormal, AST increased; bone fractures include tibia fracture, rib fracture, hand fracture, humerus fracture, pathological fracture, forearm fracture, and clavicle fracture.[1]
§Exposure-adjusted incidence rate for each adverse reaction type was calculated using the first occurrence of this adverse reaction per patient.[1]

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WELL-CHARACTERIZED SAFETY AND TOLERABILITY PROFILE

The most common adverse reactions seen with LIVMARLI in the Alagille syndrome clinical development program, which included 5 clinical studies comprising 86 patients, were diarrhea, abdominal pain, vomiting, fat-soluble vitamin (FSV) deficiency, liver test abnormalities, and bone fractures.[1]

Five patients experienced treatment interruptions or dose reductions due to diarrhea, abdominal pain, or vomiting.[1,39] Among those taking LIVMARLI, no patients discontinued due to diarrhea, abdominal pain, or vomiting.[40]

In a pooled analysis of patients with Alagille syndrome (n=86), 7 patients discontinued LIVMARLI due to increases in hepatic transaminases (ALT), and 3 patients had a decrease in dose or interruption of LIVMARLI in response to these increases; elevations in transaminases were asymptomatic and not associated with bilirubin or other laboratory abnormalities.[1]

- In the majority of cases, the elevations resolved or improved after discontinuation or dose modification of LIVMARLI[1]
- In some cases, the elevations resolved or improved without change in LIVMARLI dosing[1]
- Four patients experienced bilirubin increases above baseline, and LIVMARLI was subsequently withdrawn in 2 of these patients (those who had elevated bilirubin at baseline)[1]

Patients with Alagille syndrome can have FSV deficiency (vitamins A, D, E, and/or K) at baseline.[1]

- LIVMARLI may affect absorption of FSV[1]

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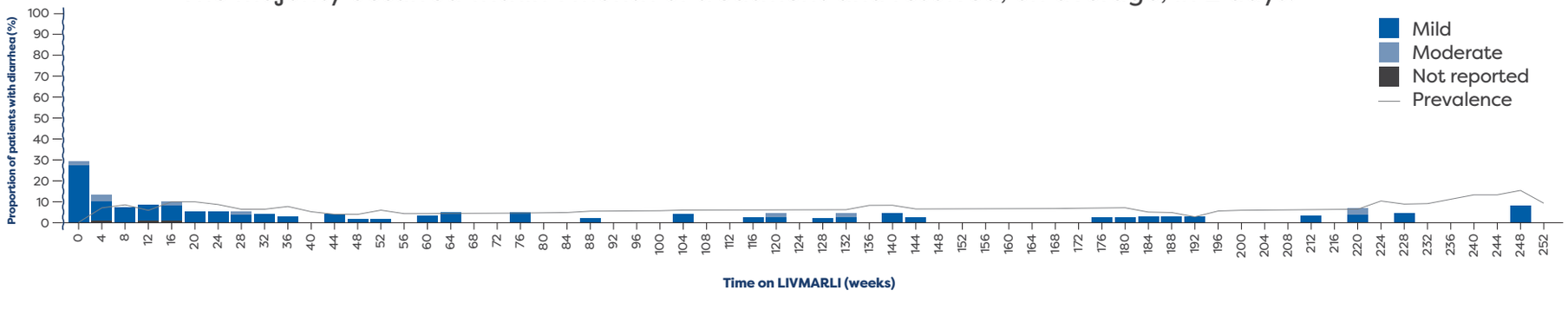
GI SIDE EFFECTS OVER TIME

Data from an integrated safety analysis of 86 patients treated with LIVMARLI for up to 5 years showed that most gastrointestinal (GI) side effects were transient, and the majority resolved in <1 week.[39]

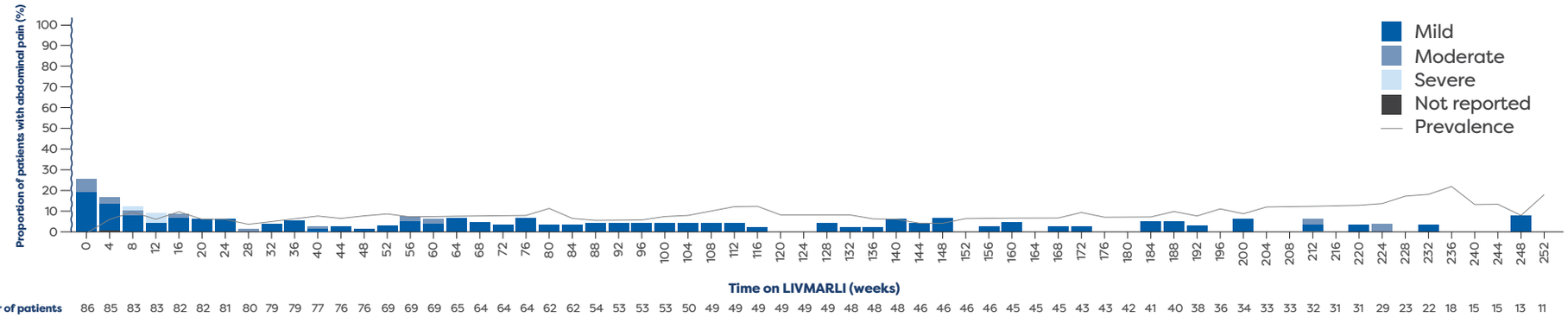
Incidence and prevalence of diarrhea in the integrated safety population

The majority occurred within 1 month of treatment and resolved, on average, in 2 days.



Incidence and prevalence of abdominal pain in the integrated safety population

The majority occurred within 1 month of treatment and resolved, on average, in 1 day.



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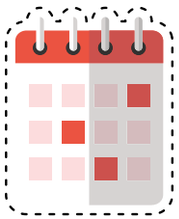
ONLY 1 DOSE PER DAY

LIVMARLI is a grape-flavored, colorless to yellow liquid medicine with convenient dosing for patients with cholestatic pruritus due to Alagille syndrome.[1]



Taken once daily,
30 minutes before a meal in the morning.[1]

Recommended dosage
is 380 mcg/kg administered orally (PO) once daily (QD). Individual dose volume for LIVMARLI is based on a patient's weight.[1]

75% of patients require ≤1 mL
of LIVMARLI per dose.*

*Data as of 12/31/2023.

Tips for taking liquid medicine:

- **Be mindful of placement.** Use the measuring device that comes with LIVMARLI to squirt the medicine into the inside of the cheek for minimal contact with taste buds
- **Add a flavorful twist.** Suggest patients suck on fruit, such as an orange or lemon, before or after taking LIVMARLI
- **Cool it.** Consider storing LIVMARLI in the refrigerator

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hepatotoxicity: LIVMARLI treatment is associated with a potential for drug-induced liver injury. In the Alagille syndrome trial, treatment-emergent elevations of liver tests or worsening of liver tests occurred.

Please see Important Safety Information throughout and full Prescribing Information.

Livmarli® (maralixibat) oral solution

ONLY 1 DOSE PER DAY

Monitor your patients' weight and adjust the doses accordingly.

For patients with Alagille syndrome: 9.5 mg/mL solution volume per dose (mL) by weight[1]

Patient weight (kg)	Days 1 to 7 (190 mcg/kg once daily)	Beginning Day 8 (380 mcg/kg once daily)
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

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hepatotoxicity: Obtain baseline liver tests and monitor during treatment. Liver-related adverse reactions and physical signs of hepatic decompensation should also be monitored. Dose reduction or treatment interruption may be considered if abnormalities occur in the absence of other causes. For persistent or recurrent liver test abnormalities, consider treatment discontinuation. Permanently discontinue LIVMARLI if a patient experiences the following: persistent or recurrent liver test abnormalities, clinical hepatitis upon rechallenge, or a hepatic decompensation event.

Please see Important Safety Information throughout and full Prescribing Information.

Helping you and your patients through every step

Mirum Access Plus is available with support and resources to help you and your office navigate insurance coverage, as well as assist your patients with treatment costs and prescription fulfillment.

Getting Your Patients the Treatment They Need

~94% of patients are approved by their insurance

98% of patients pay $10 or less per fill*†

Insurance Coverage and Access Support

- Throughout the payer approval process, Mirum Access Plus works closely with you, your patient, and the insurance plan to help ensure patients get the treatment they need
- **Adherence rate: On average, 90% of patients continue treatment with LIVMARLI‡**

*Data from 1/1/2022 to 12/23/2023.
†Patients enrolled in the Mirum Patient Assistance Program are included in those paying $10 or less per fill.
‡Data as of 11/30/2022.

Please see Important Safety Information throughout and full Prescribing Information.

Helping you and your patients through every step

Financial Support for Patients

- **Mirum Access Plus Savings Program:** Eligible patients with commercial or private insurance may pay as little as $10 out of pocket per fill for LIVMARLI*
- **Mirum Patient Assistance Program (PAP):** For eligible patients without insurance coverage, Mirum Access Plus Patient Assistance Program provides LIVMARLI to patients at no cost†

"We begin our support the minute a new prescription for a patient has been received and verified. Our goal is to provide information about our program and the medication prior to the patient receiving it in hopes that they will feel knowledgeable and supported as they begin their journey with LIVMARLI."

– Mirum Access Plus Navigator, EVERSANA

Prescribing is easy—Visit www.LIVMARLIhcp.com/mirum-access-plus/ to download the Patient Enrollment Form (PEF). **Simply send the prescription, by fax using the PEF or by eRx, straight to EVERSANA pharmacy.**

If you have any questions about Mirum Access Plus, contact us at 1-855-MRM-4YOU (1-855-676-4968) Monday through Friday, 8:00 AM through 8:00 PM ET.

*Eligibility restrictions: This program is not available to individuals who use any state or federal government-funded health care program to cover a portion of medication costs, such as Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Administration, or any other state or federal government-funded health care program.
†Subject to program terms and conditions.

Please see Important Safety Information throughout and full Prescribing Information.

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Please see Important Safety Information throughout and full Prescribing Information.

Help your patients rise above cholestatic pruritus so they can

LIV IT UP

LIVMARLI has been **used by >850 patients with Alagille syndrome** to battle bile acid buildup[41]*

LIVMARLI has been **prescribed by >120 health care providers** in the United States[41]

*Includes clinical studies, early access program, and commercial treatment.

FIRST AND ONLY TREATMENT TO PROVIDE EARLY IMPROVEMENTS IN CHOLESTATIC PRURITUS WITH LONG-TERM IMPACT[2-4]

EXCEPTIONAL ACCESS AND PATIENT SUPPORT

>6 YEARS OF CLINICAL DATA PLUS REAL-WORLD USE[1,38,41]

Visit **LIVMARLIhcp.com** to learn more.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Gastrointestinal (GI) Adverse Reactions: Diarrhea and abdominal pain were reported as the most common adverse reactions. Monitor for dehydration and treat promptly. Consider reducing the dosage or interrupting dosing if a patient experiences persistent diarrhea or has diarrhea with bloody stool, vomiting, dehydration requiring treatment, or fever.

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mirum | Livmarli® (maralixibat) oral solution