WHY LIVMARLI?

>850 PATIENTS WITH ALAGILLE SYNDROME

HAVE USED LIVMARLI TO HELP TREAT CHOLESTATIC PRURITUS[1-3]*

Backed by **>5 years of safety data**[1,2†]

Prescribed by **>120 health care providers** in the United States[3]

Exceptional **access and patient support**

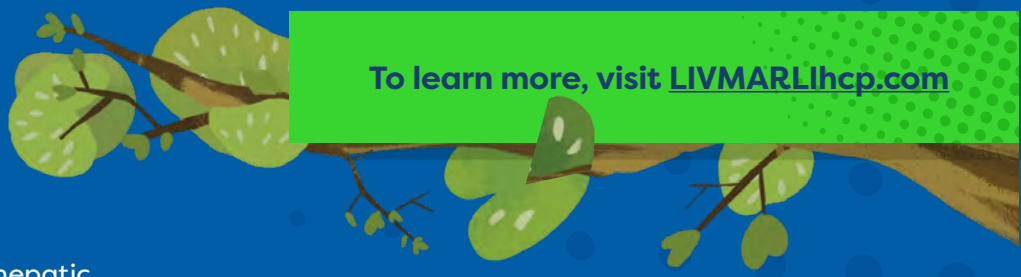
LIVMARLI is an FDA-approved treatment for cholestatic pruritus in patients with Alagille syndrome who are 3 months of age and older.[1]

*Includes clinical studies, early access program, and commercial treatment.
†The majority of exposure occurred without a placebo control in open-label extensions.

Please see full Important Safety Information at LIVMARLIhcp.com and full Prescribing Information.

Livmarli®
(maralixibat) oral solution

TO FIND OUT WHY
ANY LEVEL OF CHOLESTATIC PRURITUS DESERVES ATTENTION,
PLEASE CONTACT YOUR REGIONAL ACCOUNT MANAGER



To learn more, visit LIVMARLIhcp.com

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

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS
Contraindicated in patients with prior or active hepatic decompensation events (eg, variceal hemorrhage, ascites, or hepatic encephalopathy).

WARNINGS AND PRECAUTIONS
Hepatotoxicity: Treatment-emergent elevations or worsening of liver tests have occurred. Obtain baseline liver tests and monitor during treatment; monitor also for liver-related adverse reactions and signs of hepatic decompensation. Dose reduction or treatment interruption may be considered if abnormalities occur. Permanently discontinue if persistent liver test abnormalities, clinical hepatitis upon rechallenge, or hepatic decompensation occur.

Gastrointestinal Adverse Reactions: Diarrhea and abdominal pain were reported as the most common adverse reactions in patients treated with LIVMARLI. Consider reducing the dosage or interrupting treatment if a patient experiences persistent diarrhea or abdominal pain.

Fat-Soluble Vitamin (FSV) Deficiency: Obtain baseline levels and monitor during treatment. Supplement vitamins if deficiency is observed. Consider interrupting LIVMARLI if bone fractures or bleeding occur.

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.

References: 1. LIVMARLI® (maralixibat) oral solution. Prescribing Information. Mirum Pharmaceuticals, Inc. **2.** Raman RK, Garner W, Vig P, Tucker E. An integrated analysis of long-term clinical safety in maralixibat-treated participants with Alagille syndrome. Poster presented at: European Association for the Study of the Liver (EASL): International Liver Congress; June 23-26, 2021. **3.** Data on file. REF-01111. Mirum Pharmaceuticals, Inc.

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