



NDA 214662

**NDA APPROVAL**

Mirum Pharmaceuticals, Inc.  
Attention: Rishabh Jain  
Director, Regulatory Affairs  
950 Tower Lane  
Suite 1050  
Foster City, CA 94404

Dear Mr. Jain:

Please refer to your new drug application (NDA) dated January 29, 2021, received January 29, 2021, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Livmarli (maralixibat) oral solution.

This NDA provides for the use of Livmarli (maralixibat) oral solution for the treatment of cholestatic pruritus in patients with Alagille syndrome (ALGS) 1 year of age and older.

**APPROVAL & LABELING**

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

**CONTENT OF LABELING**

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.<sup>1</sup> Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information, Patient Package Insert, and Instructions for Use) as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As*.<sup>2</sup>

The SPL will be accessible via publicly available labeling repositories.

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<sup>1</sup> <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>

<sup>2</sup> We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

## **CARTON AND CONTAINER LABELING**

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling and carton and container labeling submitted on September 07, 2021, as soon as they are available, but no more than 30 days after they are printed.

Please submit these labeling electronically according to the guidance for industry *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications*. For administrative purposes, designate this submission “**Final Printed Carton and Container Labeling for approved NDA 214662.**” Approval of this submission by FDA is not required before the labeling is used.

## **DATING PERIOD**

Based on the stability data submitted to date, the expiry dating period for Livmarli (maralixibat) oral solution shall be 24 months from the date of manufacture when stored between 20°C and 25°C (68°F and 77°F).

Results of ongoing stability should be submitted throughout the dating period in your annual report, including the results of stability studies from the first three production lots.

## **RARE PEDIATRIC DISEASE PRIORITY REVIEW VOUCHER**

We also inform you that you have been granted a rare pediatric disease priority review voucher, as provided under section 529 of the FDCA. This priority review voucher (PRV) has been assigned a tracking number, PRV NDA 214662. All correspondences related to this voucher should refer to this tracking number.

This voucher entitles you to designate a single human drug application submitted under section 505(b)(1) of the FDCA or a single biologic application submitted under section 351 of the Public Health Service Act as qualifying for a priority review. Such an application would not have to meet any other requirements for a priority review. The list below describes the sponsor responsibilities and the parameters for using and transferring a rare pediatric disease priority review voucher.

- The sponsor who redeems the priority review voucher must notify FDA of its intent to submit an application with a priority review voucher at least 90 days before submission of the application, and must include the date the sponsor intends to submit the application. This notification should be prominently marked, “Notification of Intent to Submit an Application with a Rare Pediatric Disease Priority Review Voucher.”
- This priority review voucher may be transferred, including by sale, by you to another sponsor of a human drug or biologic application. There is no limit on the number of times that the priority review voucher may be transferred, but each person to whom the priority review voucher is transferred must notify FDA of the

change in ownership of the voucher not later than 30 days after the transfer. If you retain and redeem this priority review voucher, you should refer to this letter as an official record of the voucher. If the priority review voucher is transferred, the sponsor to whom the priority review voucher has been transferred should include a copy of this letter (which will be posted on our Web site as are all approval letters) and proof that the priority review voucher was transferred.

- FDA may revoke the priority review voucher if the rare pediatric disease product for which the priority review voucher was awarded is not marketed in the U.S. within 1 year following the date of approval.
- The sponsor of an approved rare pediatric disease product application who is awarded a priority review voucher must submit a report to FDA no later than 5 years after approval that addresses, for each of the first 4 post-approval years:
  - the estimated population in the U.S. suffering from the rare pediatric disease for which the product was approved (both the entire population and the population aged 0 through 18 years),
  - the estimated demand in the U.S. for the product, and
  - the actual amount of product distributed in the U.S.
- You may also review the requirements related to this program by visiting FDA's Rare Pediatric Disease Priority Review Voucher Program web page.<sup>3</sup>

### **ADVISORY COMMITTEE**

Your application for Livmarli was not referred to an FDA advisory committee because the application did not raise significant public health questions on the role of the drug in the diagnosis, cure, mitigation, treatment, or prevention of a disease.

### **REQUIRED PEDIATRIC ASSESSMENTS**

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

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<sup>3</sup> <https://www.fda.gov/industry/developing-products-rare-diseases-conditions/rare-pediatric-disease-rpd-designation-and-voucher-programs>

## **POSTMARKETING REQUIREMENTS UNDER 505(o)**

Section 505(o)(3) of the FDCA authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to assess an unexpected serious risk of carcinogenicity.

Furthermore, the active postmarket risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess this serious risk.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following studies:

**4501-1:** Conduct a 2-year carcinogenicity study in rats.

The timetable you submitted on September 13, 2021, states that you will conduct this study according to the following schedule:

Study Completion:	10/2022
Final Report Submission:	10/2023

Submit nonclinical and chemistry, manufacturing, and controls protocols and **all final reports** to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate: **Required Postmarketing Protocol Under 505(o), Required Postmarketing Final Report Under 505(o), Required Postmarketing Correspondence Under 505(o).**

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical

trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

### **POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B**

We remind you of your postmarketing commitments:

**4501-2:** Provide a final study report capturing the comprehensive safety experience of ALGS patients treated in trial MRX-800.

The timetable you submitted on September 13, 2021, states that you will conduct this study according to the following schedule:

Interim Report Submission: 07/2022  
Study Completion: 09/2023  
Final Report Submission: 01/2024

**4501-3:** Conduct a 5-year registry-based study to collect data on the health of patients chronically treated with Livmarli (maralixibat). Report yearly on the following safety endpoints:

- Incidence of biliary diversion surgery, liver transplantation, and all-cause mortality
- Assessment of growth and development
- Incidence of fat-soluble vitamin deficiencies and their long-term sequelae

The timetable you submitted on September 13, 2021, states that you will conduct this study according to the following schedule:

Draft Protocol Submission: 01/2022  
Final Protocol Submission: 07/2022  
Interim Report: 12/2023  
Interim Report: 12/2024  
Interim Report: 12/2025  
Interim Report: 12/2026  
Study Completion: 09/2027  
Final Report Submission: 03/2028

A final submitted protocol is one that the FDA has reviewed and commented upon, and you have revised as needed to meet the goal of the study or clinical trial.

Submit clinical protocols to your **IND 119917** for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this



NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each commitment in your annual report to this NDA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled **"Postmarketing Commitment Protocol," "Postmarketing Commitment Final Report," or "Postmarketing Commitment Correspondence."**

#### **POSTMARKETING COMMITMENTS NOT SUBJECT TO THE REPORTING REQUIREMENTS UNDER SECTION 506B**

We remind you of your postmarketing commitments:

- 4501-4:** Provide data from an extractables study (b) (4) used during commercial manufacturing or a leachables study on the bulk solution. The extractables or leachables study conditions should adequately represent the worst-case manufacturing conditions (temperature, time of exposure, etc.) and should consider non-volatile, semivolatile, and volatile type leachables. Demonstrate the analytical methods are suitable for detecting leachables from the (b) (4) manufacturing equipment and are sufficiently sensitive to detect and quantitate the leachables at or above Analytical Evaluation Threshold (AET). Include a discussion of the overall control strategy (b) (4) during manufacturing) to be implemented during commercial manufacturing to limit the amount of leachables from the manufacturing equipment in the final drug product.

The timetable you submitted on September 17, 2021, states that you will conduct this study according to the following schedule:

Final Report Submission as a CBE-0 supplement: 10/31/2021

Submit nonclinical and chemistry, manufacturing, and controls protocols and all **postmarketing final reports** to this NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each commitment in your annual report to this NDA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled **"Postmarketing Commitment Protocol," "Postmarketing Commitment Final Report," or "Postmarketing Commitment Correspondence."**

## **PROMOTIONAL MATERIALS**

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs*.<sup>4</sup>

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.<sup>5</sup> Information and Instructions for completing the form can be found at FDA.gov.<sup>6</sup>

## **REPORTING REQUIREMENTS**

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

## **POST APPROVAL FEEDBACK MEETING**

New molecular entities qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

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<sup>4</sup> For the most recent version of a guidance, check the FDA guidance web page at

<https://www.fda.gov/media/128163/download>.

<sup>5</sup> <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

<sup>6</sup> <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

If you have any questions, contact Ayanna Augustus Bryant, PhD, RAC, Chief, Project Management Staff, at [ayanna.augustus@fda.hhs.gov](mailto:ayanna.augustus@fda.hhs.gov).

Sincerely,

*{See appended electronic signature page}*

Julie Beitz, MD  
Director  
Office of Immunology and Inflammation  
Office of New Drugs  
Center for Drug Evaluation and Research

ENCLOSURE(S):

- Content of Labeling
  - Prescribing Information
  - Patient Instructions
  - Instructions For Use
- Carton and Container Labeling



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**This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.**  
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/s/  
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