PATIENTS WITHOUT CIRRHOSIS (GT-1 TO -6) 1,2†

✓ MAVIRET treatment option for patients with or without renal impairment including patients receiving dialysis.1

• No dose adjustment of MAVIRET is required in patients with any degree of renal impairment including patients on dialysis.

No dose adjustment of MAVIRET is required in patients with mild hepatic impairment (Child-Pugh A).1 MAVIRET is not recommended in patients with moderate hepatic impairment (Child-Pugh B) and is contraindicated in patients with severe hepatic impairment (Child-Pugh C).1

GT=genotype; HCV=hepatitis C virus; HBsAg=hepatitis B virus surface antigen; HBC=hepatitis B core antigen
† Comparative clinical significance has not been established.
‡ 3 tablets taken orally at the same time with food, with no regard to fat or calorie content.
MAVIRET DEMONSTRATED HIGH SVR$_{12}$ (VIROLOGIC CURE)$^\dagger$ RATE

97% (639/657)

Demonstrated 97% SVR$_{12}$ (virologic cure)$^\dagger$ rate (95% CI: 95.7, 98.3)$^{1,5}$

Virologic failure occurred at a rate of <1% (6/657)$^1$

ACHIEVED IN 8 WEEKS in a subgroup of treatment-naïve, non-cirrhotic GT-1 to -6 adult patients in a pooled analysis of Phase 2 and 3 clinical trials$^{1,3-5}$

The number of patients infected with GT-5 and GT-6 was limited.$^1$

EXPEDITION-8

97.9% (274/280)

Demonstrated 97.9% SVR$_{12}$ (virologic cure)$^\dagger$ rate with no virologic failures$^1$

ACHIEVED IN 8 WEEKS in a single-arm, open-label study of treatment-naïve adult patients with compensated cirrhosis across GT-1, -2, -4 to -6$^1$

The number of patients infected with GT-5 and GT-6 was limited.$^1$

Please refer to the study parameters at: [http://eppendix.com/APS-Abbvie-HCVA](http://eppendix.com/APS-Abbvie-HCVA)

GT=genotype

$^\dagger$ SVR$_{12}$ (virologic cure) = Sustained virologic response (SVR$_{12}$), defined as HCV RNA less than lower limit of quantification (LLOQ) at 12 weeks after the cessation of treatment, was the primary endpoint to determine the HCV cure rate.$^2$
MEET KEVIN†

• 28 years old
• Was incarcerated for a 6-month period 5 years ago
• Has chronic hepatitis C (hep C) without cirrhosis and is treatment-naïve
• Has been smoking a pack a day for two years
• Doctor considered treating Kevin with buprenorphine and naloxone, but decided to prescribe methadone (100 mg dv) to treat his opioid addiction

MAVIRET has no observed clinically significant interactions with methadone, buprenorphine and naloxone

Please refer to the Product Monograph for contraindications with dabigatran etexilate, rifampin, atazanavir, ethinyl estradiol, atorvastatin, simvastatin, and interactions with potent P-gp and CYP3A4 inducers, and digoxin, carbamazepine, St. John’s wort, darunavir + ritonavir, lopinavir/ritonavir, efavirenz, rilpivirine, lovastatin, pravastatin, rosuvastatin, cyclosporine, tacrolimus and vitamin K antagonists.

CONSIDER MAVIRET FOR YOUR HEP C PATIENTS LIKE KEVIN

† Fictitious patient. May not be representative of the general population.
THE ONLY 8-WEEK REGIMEN FOR TREATMENT-NAÏVE PATIENTS WITHOUT CIRRHOSIS (GT-1 TO -6) OR WITH COMPENSATED CIRRHOSIS (GT-1, -2, -4 TO -6)†

DEMONSTRATED HIGH SVR12 (Virologic Cure)‡ RATE 1,3-5

• Among the treatment-naïve adult patients without cirrhosis (all genotypes in a subgroup of treatment-naïve, non-cirrhotic adult patients in a pooled analysis of Phase 2 and 3 clinical trials) who received MAVIRET for 8 weeks, the SVR12 rate was 97% (639/657) with <1% (6/657) virologic failure rate.

• Among the treatment-naïve adult patients with compensated cirrhosis (GT-1, -2, -4 to -6) in an open-label, single-arm study who received MAVIRET for 8 weeks, the SVR12 rate was 97.9% (274/280) with no virologic failures.

• The number of patients infected with GT-5 and GT-6 was limited across all trials.1

Increased gastric pH that may occur in patients treated with omeprazole may reduce absorption of glecaprevir but is not expected to have a clinically significant effect on the efficacy of MAVIRET.1 Please refer to the Product Monograph for contraindications with dabigatran etexilate, nilfiparin, atazanavir, ethinyl estradiol, atorvastatin, simvastatin, and interactions with potent P-gp and CYP3A4 inducers, and digoxin, carbamazepine, St. John’s wort, darunavir + ritonavir, lopinavir/ritonavir, efavirenz, rilpivirine, lovastatin, pravastatin, rosuvastatin, cyclosporin, tacrolimus and vitamin K antagonists.1

No dose adjustment is required when MAVIRET is coadministered with proton-pump inhibitors (omeprazole)†

A NEW 8-WEEK TREATMENT DURATION IS NOW AVAILABLE for your treatment-naïve, compensated cirrhotic patients (genotypes 1, 2, 4 to 6)!

Please refer to the study parameters at: http://eppendix.com/APS-Abbvie-HCVA

GT=genotype
† Comparative clinical significance has not been established.
‡ SVR12 (virologic cure) = Sustained virologic response (SVR12), defined as HCV RNA less than lower limit of quantification (LLOQ) at 12 weeks after the cessation of treatment, was the primary endpoint to determine the HCV cure rate.1
§ MAVIRET tablets should be swallowed whole and not chewed, crushed, or broken.1

MAVIRET (glecaprevir/pibrentasvir) is indicated for the treatment of chronic hepatitis C virus (HCV) infection in adults and adolescent patients 12 to 18 years of age.

MAVIRET is a fixed-dose combination tablet. Please see MAVIRET Product Monograph for complete dosing information.

For treatment-naïve patients without cirrhosis (GT-1 to -6) or with compensated cirrhosis (GT-1, -2, -4 to -6).
THE ONLY 8-WEEK REGIMEN FOR TREATMENT-NAÏVE OR WITH COMPENSATED CIRRHOSIS (GT-1, -2, -4 TO GT-5)

The only 8-week regimen for treatment-naïve patients with HCV with MAVIRET.1

Screen all patients for evidence of current or prior HBV infection by measuring HBsAg and anti-HBc before initiating treatment. Cases of HBV reactivation, including those resulting in fulminant hepatitis, hepatic failure, and death, have been reported during HCV treatment and/or post-treatment with MAVIRET. Contraindications to MAVIRET include:

- In patients with severe hepatic impairment (Child-Pugh C) as the safety and efficacy have not been established.
- Drugs that are contraindicated with MAVIRET.

Contraindications:

- Patients with severe hepatic impairment (Child-Pugh C) as the safety and efficacy have not been established.
- Drugs that are contraindicated with MAVIRET.

Clinical use:
The safety and efficacy of MAVIRET in patients less than 12 years of age have not been established. MAVIRET is not recommended for patients with rare hereditary problems of galactose intolerance (severe lactase deficiency or glucose-galactose malabsorption) and treated according to current clinical practice guidelines.

Most serious warnings and precautions:

- Potential for Hepatitis B virus (HBV) reactivation: Screen all patients for evidence of current or prior HBV infection before initiating MAVIRET therapy. Cases of HBV reactivation, including those resulting in fulminant hepatitis, hepatic failure, and death, have been reported during HCV treatment and/or post-treatment with MAVIRET.

Other relevant warnings and precautions:

- Should not be coadministered concurrently with other medicinal products containing NS5A inhibitors.
- Potent P-gp and CYP3A4 inducers are contraindicated with MAVIRET, these drugs may significantly decrease the plasma concentration of glecaprevir and pibrentasvir, which may lead to reduced therapeutic effect of MAVIRET or loss of virologic response.
- Not recommended for patients with severe hepatic impairment (Child-Pugh B).
- No data on the effect of glecaprevir and/or pibrentasvir on fertility are available.
- In patients treated with vitamin K antagonist, close monitoring of International Normalised Ratio (INR) is recommended.
- HBV screening should be performed in all patients prior to initiation of HCV treatment; patients with positive HBV serology and patients with serologic evidence of resolved HBV infection should be monitored and treated according to current clinical practice guidelines.
- Not recommended for patients with rare hereditary problems of galactose intolerance (severe lactase deficiency or glucose-galactose malabsorption).
- Safety and efficacy of MAVIRET have not been established in HCV patients co-infected with Hepatitis B virus (HBV).
- Pregnancy should be avoided while taking MAVIRET.
- The number of patients infected with GT-5 and GT-6 was limited.

Please consult the Product Monograph at abbvie.ca/content/dam/abbviecorp/ca/en/docs/MAVIRET_PM_EN.pdf for important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this piece. The Product Monograph is also available by calling 1-888-704-8271.

References:

### Treatment Durations for Treatment-NAÏVE Patients

<table>
<thead>
<tr>
<th>Genotype</th>
<th>8 Weeks</th>
<th>12 Weeks</th>
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<tbody>
<tr>
<td>GT-1</td>
<td>Compensated Cirrhosis</td>
<td>8 WEEKS</td>
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<tr>
<td>GT-2</td>
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<td>GT-3</td>
<td>Compensated Cirrhosis</td>
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<td>GT-4</td>
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<td>GT-5</td>
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<tr>
<td>GT-6</td>
<td>Non-Cirrhotic</td>
<td>8 WEEKS</td>
</tr>
</tbody>
</table>

**Drug Class/ Drug Name**

- **Anticoagulants**
  - dabigatran etexilate: Dabigatran
    - Mechanism of Action: Inhibition of P-gp by MAVIRET
    - Clinical Comment: Coadministration with MAVIRET increased dabigatran concentrations and may increase the risk of bleeding.

- **Antiviral**
  - atazanavir: Atazanavir
    - Mechanism of Action: Inhibition of P-gp and CYP3A by atazanavir
    - Clinical Comment: Coadministration may significantly decrease concentrations of atazanavir and pibrentasvir, and lead to loss of therapeutic effect of MAVIRET.

- **ETHERYL ESTRADIOL-CONTAINING PRODUCTS**
  - ethinyl estradiol: Ethinyl Estradiol
    - Mechanism of Action: Unknown
    - Clinical Comment: Coadministration of MAVIRET with ethinyl estradiol may increase the risk of ALT elevations and may increase the potential for statin-related myopathy including rhabdomyolysis.

- **HMG-CoA REDUCTASE INHIBITORS**
  - atorvastatin: Atorvastatin
    - Mechanism of Action: Inhibition of HMG-CoA Reductase by MAVIRET
    - Clinical Comment: Coadministration of MAVIRET increased atorvastatin concentrations and may increase the potential for statin-related myopathy including rhabdomyolysis.

- **Antimycobacterial**
  - rifampin: Rifampin
    - Mechanism of Action: Induction of P-gp, BCRP, and CYP3A by rifampin
    - Clinical Comment: Coadministration may significantly decrease concentrations of rifampin and MAVIRET, and lead to loss of therapeutic effect of MAVIRET.