Not an actual patient.

WHAT ARE THE CHALLENGES YOUR PATIENTS **WITH CHRONIC HCV FACE**?

Food insecurity

Unstable housing

Currently on medication-assisted treatment (MAT)

DON'T WAIT TO CURE

98% overall cure rate in clinical trials in GT 1-6 NC/CC patients[1,a] (n=1015/1035; ASTRAL-1, -2, -3 studies)

See "Study Designs" on page 3 for complete details.

[a]Sustained virologic response (SVR12) was the primary endpoint and was defined as HCV RNA <15 IU/mL at 12 weeks after the end of treatment.[1] Achieving SVR12 is considered a virologic cure.[2]

EPCLUSA®
sofosbuvir/velpatasvir
400 mg/100 mg tablets

INDICATION

EPCLUSA is indicated for the treatment of adults with chronic hepatitis C virus (HCV) GT 1-6 infection without cirrhosis or with compensated cirrhosis.

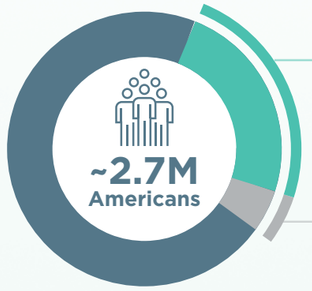
WARNING: RISK OF HEPATITIS B VIRUS REACTIVATION IN PATIENTS COINFECTED WITH HCV AND HBV: Hepatitis B virus (HBV) reactivation has been reported, in some cases resulting in fulminant hepatitis, hepatic failure, and death.

Click here for EPCLUSA full Prescribing Information, including **BOXED WARNING on Hepatitis B reactivation.**

CHRONIC HCV REMAINS UNDERTREATED AND NEW INFECTIONS ARE ON THE RISE.

TOGETHER, WE CAN BREAK THE CYCLE OF TRANSMISSION

2.7 MILLION AMERICANS ARE LIVING WITH CHRONIC HCV INFECTION[3,a]



24% have been **DIAGNOSED**[3]

ONLY **5%** **RECEIVED HCV TREATMENT** in 2018[3]

The demographics of HCV are changing due to the **opioid epidemic and injection drug use**

Most new infections in 2017 occurred in people

UNDER 30 YEARS OLD[4]

HCV incidence

DOUBLED

among women of childbearing age between 2006 and 2014[5]

IMPORTANT SAFETY INFORMATION

BOXED WARNING: RISK OF HEPATITIS B VIRUS REACTIVATION IN HCV/HBV COINFECTED PATIENTS

Test all patients for evidence of current or prior hepatitis B virus (HBV) infection before initiating treatment with EPCLUSA. HBV reactivation has been reported in HCV/HBV coinfected patients who were undergoing or had completed treatment with HCV direct-acting antivirals (DAAs) and were not receiving HBV antiviral therapy. Some cases have resulted in fulminant hepatitis, hepatic failure, and death. Cases have been reported in patients who are HBsAg positive, in patients with serologic evidence of resolved HBV, and also in patients receiving certain immunosuppressant or chemotherapeutic agents; the risk of HBV reactivation associated with treatment with HCV DAAs may be increased in patients taking these other agents. Monitor HCV/HBV coinfected patients for hepatitis flare or HBV reactivation during HCV treatment and post-treatment follow-up. Initiate appropriate patient management for HBV infection as clinically indicated.

EPCLUSA: A **CONSISTENT HCV CURE.**

98% **overall cure rate in clinical trials in GT 1-6 NC/CC patients** (n=1015/1035; ASTRAL-1, -2, -3 studies)[1]

Demonstrated high cure rates in people who inject drugs in SIMPLIFY & ANCHOR

CLINICAL STUDY

94% **overall cure rate in a clinical study in GT 1-4 patients** (n=97/103; SIMPLIFY study)[6]

REAL-WORLD STUDY

88% **overall cure rate in the real world in GT 1-4 patients** (n=82/93; ANCHOR study [PP])[7]

For the total population, SVR12 rate was 82% (82/100).[7]

Both studies had a primary endpoint of SVR12 (HCV RNA <LLOQ 12 weeks after treatment completion). Achieving SVR12 is considered a virologic cure.

See “Study Designs” on page 3 for complete details.

EPCLUSA provided a consistent cure in patients with varied adherence[6]

Patients in both studies were instructed to use EPCLUSA for 12 weeks as recommended in the EPCLUSA Prescribing Information. In SIMPLIFY, patients received EPCLUSA in weekly blister packs. Real-world data are observational in nature and are not based on controlled clinical studies. **Results from these studies may differ from those observed in clinical practice and are not presented in the EPCLUSA Prescribing Information.** The SIMPLIFY and ANCHOR studies were supported by Gilead Sciences, Inc.[6,7]

SAFETY DATA

- Adverse reactions (all grades) reported in ≥5% of subjects receiving 12 weeks of treatment with EPCLUSA (ASTRAL-1, -2, -3) were: headache, fatigue, nausea, asthenia, and insomnia. Irritability was also observed in ≥5% of subjects receiving EPCLUSA in ASTRAL-3[1]
- Adverse reactions reported in ≥5% of subjects in the SIMPLIFY study were: fatigue (22%), headache (18%), nausea (14%), insomnia (9%), and arthralgia (6%)[6]
  - Seven (7%) patients had at least one serious adverse event and 1 event (1%) was deemed to be possibly related to treatment[6]

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **Serious Symptomatic Bradycardia When Coadministered with Amiodarone:** Amiodarone is not recommended for use with EPCLUSA due to the risk of symptomatic bradycardia, particularly in patients also taking beta blockers or with underlying cardiac comorbidities and/or with advanced liver disease. A fatal cardiac arrest was reported in a patient taking amiodarone who was coadministered a sofosbuvir-containing regimen. In patients without alternative viable treatment options, cardiac monitoring is recommended. Patients should seek immediate medical evaluation if they develop signs or symptoms of bradycardia.

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STUDY **DESIGNS**

Randomized trials in TN and TE[a] subjects without cirrhosis or with compensated cirrhosis[1]
Patients who were active injection drug users were excluded from the ASTRAL trials.

ASTRAL-1: Double-blind, placebo-controlled trial in GT 1, 2, 4, 5, or 6 subjects (N=740). GT 1, 2, 4, or 6 subjects were randomized 5:1 to receive EPCLUSA or placebo for 12 weeks; GT 5 subjects received EPCLUSA for 12 weeks.

ASTRAL-2: Open-label trial in GT 2 subjects (N=266). Subjects received EPCLUSA or SOF + RBV for 12 weeks.

ASTRAL-3: Open-label trial in GT 3 subjects (N=552). Subjects received EPCLUSA for 12 weeks or SOF + RBV for 24 weeks.

Sustained virologic response (SVR12) was the primary endpoint and was defined as HCV RNA <15 IU/mL at 12 weeks after the end of treatment.

[a]TE subjects had failed a Peg-IFN + RBV-based regimen with or without an HCV NS3/4A protease inhibitor (boceprevir, simeprevir, or telaprevir).

Clinical and real-world studies specific to people who inject drugs[6,7]

SIMPLIFY was an open-label, single-arm, international Phase 4 trial aimed at evaluating the efficacy, safety, and adherence of EPCLUSA for 12 weeks in GT 1-6 adults with recent injection drug use (within 6 months) and naïve to NS5A-based HCV therapy (N=103). Patients with HIV and/or decompensated liver disease were excluded. The primary endpoint was the proportion of participants with SVR12. Adherence (≥90%) was a secondary endpoint and was assessed by dividing the number of total doses received by total expected number of doses. **Study Limitations:** Weekly clinic visits and weekly electronic blister packs, which patients were incentivized to return, may have led to improved adherence, which may not be generalizable to the larger HCV population.[6]

ANCHOR was a prospective, open-label, observational, single-site trial evaluating the efficacy and adherence of EPCLUSA for 12 weeks in adults with opioid use disorder and reported ongoing injection drug use (within 3 months of screening visit) treated at a harm-reduction center in Washington, DC (N=100). Participants were offered optional buprenorphine initiation. Patients with decompensated liver disease and those who were pregnant or breastfeeding were excluded. The primary endpoint was the proportion of participants with SVR12. Adherence was a secondary endpoint and was assessed by monthly pill count, HCV VL, number of bottles completed, interruptions on treatment (≥3 days with resumption), and date of last pill taken relative to planned end of treatment date. Imperfect daily adherence was defined as finishing treatment >7 days after the anticipated treatment end date. **Study Limitations:** OAT status groups were non-randomized and self-selected. Factors associated with non-uptake or discontinuation of OAT may have been the same factors that led to HCV treatment failure or loss to follow-up. Results may not be generalizable to the larger HCV population.[7]

CC = compensated cirrhosis; GT = genotype; NC = non-cirrhotic; OAT = opioid agonist therapy; Peg-IFN = peginterferon alfa; PP = per protocol; RBV = ribavirin; SOF = sofosbuvir; TE = treatment-experienced; TN = treatment-naïve; VL = viral load.

References: 1. EPCLUSA [prescribing information]. Foster City, CA: Gilead Sciences, Inc.; March 2020. **2.** US Department of Health and Human Services, Center for Drug Evaluation and Research. Guidance for industry. Chronic hepatitis C virus infection: developing direct-acting antivirals for treatment. November 2017. **3.** Chhatwal J, Chen Q, Bethea ED, et al. The impact of direct-acting anti-virals on the hepatitis C care cascade: identifying progress and gaps towards hepatitis C elimination in the United States. *Aliment Pharmacol Ther.* 2019;50:66-74. **4.** Centers for Disease Control and Prevention. Viral Hepatitis Surveillance: United States, 2017. https://www.cdc.gov/hepatitis/statistics/2017surveillance/index.htm. Updated November 14, 2019. Accessed January 15, 2020. **5.** Chisholm A. Hepatitis C and women of childbearing age. Harvard Health Blog. https://www.health.harvard.edu/blog/hepatitis-c-and-women-of-childbearing-age=2017070311952. Published June 23, 2017. Accessed December 2, 2019. **6.** Grebely J, Dalgard O, Conway B, et al. Sofosbuvir and velpatasvir for hepatitis C virus infection in people with recent injection drug use (SIMPLIFY): an open-label, single-arm, phase 4, multicentre trial. *Lancet Gastroenterol Hepatol.* 2018;3(3):153-161. **7.** Rosenthal E, Silk R, Mathur P, et al. Concurrent initiation of hepatitis C and opioid use disorder treatment in people who inject drugs. *Clin Infect Dis.* In press. **8.** University of Liverpool. Drug Interaction Checker. Liverpool HEP Interactions website. https://www.hep-druginteractions.org/checker. Updated December 3, 2019. Accessed December 3, 2019. **9.** Lawitz E, Bourlière M, Han L, et al. Poster presented at: International Liver Congress; April 19-23, 2017; Amsterdam, Netherlands. **10.** Data on file. Gilead Hepatitis C Virus Coverage Status Report. October 2019.

CONFIDENTLY TREAT WITH EPCLUSA

NO KNOWN INTERACTION WITH OPIOIDS, including fentanyl and oxycodone[8]

Effective with **CONCURRENT MEDICATION-ASSISTED TREATMENT**[6]

AVAILABLE IN MONTHLY BOTTLES, which may enable patients with unstable housing to be discreet.[1]

NO FOOD REQUIREMENT, so patients can dose with or between meals[1,a]

[a]For NC and CC patients.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (continued)

- **Risk of Reduced Therapeutic Effect Due to Concomitant Use of EPCLUSA with P-gp Inducers and/or Moderate to Potent Inducers of CYP2B6, CYP2C8 or CYP3A4:** Rifampin, St. John's wort, and carbamazepine are not recommended for use with EPCLUSA as they may significantly decrease sofosbuvir and/or velpatasvir plasma concentrations.

ADVERSE REACTIONS

- The most common adverse reactions (≥10%, all grades) with EPCLUSA were headache and fatigue.

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CONFIDENTLY TREAT **WITH EPCLUSA.**

Sofosbuvir/velpatasvir:

THE **ONLY PROTEASE INHIBITOR–FREE** PANGENOTYPIC, PANFIBROTIC HCV REGIMEN.[1,9]

CONSISTENT CURE.

98% overall cure rate in clinical trials[1]

88%-94% SVR12 rates in people who inject drugs in clinical and real-world studies[6,7]

CONSISTENT DOSING.

1 duration | 1 pill, once daily | 12 weeks with or without food[1,a]

BROADEST ACCESS.

of any pangenotypic regimen[10,b]

Visit HCP.EPCLUSA.COM to learn more

Panfibrotic = stage 0-stage 4 fibrosis (compensated cirrhosis).

[a]In NC/CC patients.

[b]Based on total covered lives as of October 2019, primarily reflecting the Commercial and Medicare Part D segments.

IMPORTANT SAFETY INFORMATION

DRUG INTERACTIONS

- Coadministration of EPCLUSA is not recommended with topotecan due to increased concentrations of topotecan.
- Coadministration of EPCLUSA is not recommended with proton-pump inhibitors, oxcarbazepine, phenobarbital, phenytoin, rifabutin, rifapentine, efavirenz, and tipranavir/ritonavir due to decreased concentrations of sofosbuvir and/or velpatasvir.

Consult the full Prescribing Information for EPCLUSA for more information on potentially significant drug interactions, including clinical comments.

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GILEAD

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