HOW MANY CHRONIC HCV PATIENTS DO YOU SEE WITH CHALLENGES LIKE BRIAN'S ?

Brian, 28

NON-CIRRHOTIC: F2

FOOD INSECURITY

INJECTION DRUG USE

DON'T WAIT TO TREAT.

Prescribe EPCLUSA or its Authorized Generic for the treatment of chronic HCV in people who inject drugs (PWID), including those on medication-assisted treatment (MAT)[1]

Not an actual patient.

Sofosbuvir/velpatasvir, the Authorized Generic of EPCLUSA, has the same clinical profile as branded EPCLUSA.

INDICATION

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

IMPORTANT SAFETY INFORMATION

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.

Please see additional Important Safety Information throughout. Click here for EPCLUSA full Prescribing Information, including BOXED WARNING on Hepatitis B reactivation.

F2 = stage 2 fibrosis.

EPCLUSA®
sofosbuvir/velpatasvir
400 mg/100 mg tablets

NEW HCV INFECTIONS ARE ON THE RISE DUE TO THE OPIOID EPIDEMIC AND INJECTION DRUG USE[2]

2x

Acute HCV cases in the US more than doubled from 2012-2019 due to injection drug use[3]

67% of reported HCV cases were in people who injected drugs[3,a]

45% of young PWID (17-35 years of age) have HCV[4]

Acute HCV infection becomes chronic in more than 50% of acute cases.[3]
The most rapid increase in HCV incidence has been in adults aged 20-39 years who inject drugs.[5]
[a]Among cases with available injection drug user information.

EPCLUSA (sofosbuvir/velpatasvir) is not indicated for the treatment of acute HCV.[1]

107K

people died of drug overdoses in the US in 2021; two-thirds of those were due to **fentanyl** or another **synthetic opioid[6]**

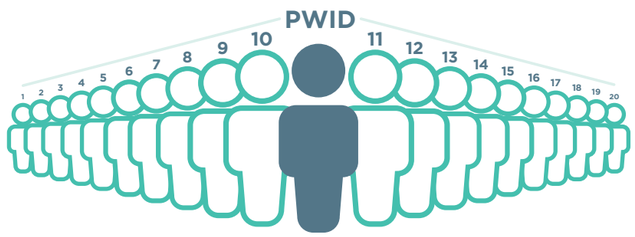
ONLY ~7%

of PWID with past or current HCV infection **have been treated[7]**

+20 PEOPLE

Each PWID infected with HCV is likely to infect 20 other people within the first 3 years of initial infection[8]

Based on the 2021 NIH National Institute on Drug Abuse Heroin Research Report.



The reinfection rate among people with recent injection drug use was **6.2 per 100 PY (6.2% per year)** as shown through a meta-analysis of 36 studies with 6311 PY follow-up.[9]

The 36 studies were prospective and retrospective studies that met all of the following criteria: 1. Study population included defined populations of people with recent drug use or people receiving OAT; 2. Reinfection following treatment-induced HCV clearance (interferon-based or DAA therapy) was assessed; and 3. Reinfection rate, including PY follow-up, was reported.[9]

Together we can help stop the spread of HCV infection

DAA = direct-acting antiviral; NIH = National Institutes of Health; OAT = opioid agonist therapy; PY = person year.

GUIDELINES RECOMMEND UNIVERSAL TESTING AND IMMEDIATE TREATMENT[5,10-14]

Active injection drug use is not a contraindication to HCV treatment[1]

	Test **all adult patients** at least once[5,10-11]	Test **all at-risk patients**[5,10-14]	Begin treating **all patients**[10,12]
AASLD/IDSA	✓	✓	✓ a
CDC	✓ b	✓	
USPSTF	✓ c	✓	
EASL		✓	✓ d
ASAM		✓ e	
ACOG		✓ f	

[a]Unless they have limited life expectancy that cannot be remediated by HCV therapy.[10]
[b]Except in settings where the prevalence of HCV infection (HCV RNA-positivity) is <0.1%.[11]
[c]Recommendations for screening of adults (18-79 years).[5]
[d]Unless they have limited life expectancy due to non-liver-related comorbidities.[12]
[e]"At-risk" refers to patients with a history of drug use (current and past) and all persons living with HIV infection.[13]
[f]"At risk" refers to pregnant individuals. ACOG recommends screening during each pregnancy and to begin HCV treatment postpartum and/or after completion of breastfeeding.[14]

DIAGNOSIS AND TEST CODES FOR HCV

HCV antibody test with reflex to quantitative HCV RNA and genotype test[15-18]:
CPT code: 86803
Quest Diagnostics™ codes:
- 8472
- LiPA: 94345

LabCorp codes:
- 144050
- 144127

Encounter for screening for other viral diseases[19]:
ICD-10: z11.59

HCV Genotyping[15,20,21]:
CPT code: 87902
Quest Diagnostics™ code: 37811
LabCorp code: 550475

Liver Status[22,23]:
Quest Diagnostics™ code: 92688
LabCorp code: 550123

Hepatitis C baseline panel[24]:
Quest Diagnostics™ code: 91704

An HCV RNA test should be administered to identify an HCV infection, and 12 weeks after end of treatment to determine if patient was cured.[1,15]

Treat all chronic HCV patients, regardless of active injection drug use[10,12]

AASLD = American Association for the Study of Liver Diseases; ACOG = American College of Obstetricians and Gynecologists; ASAM = American Society of Addiction Medicine; CDC = Centers for Disease Control and Prevention; EASL = European Association for the Study of the Liver; HIV = human immunodeficiency virus; IDSA = Infectious Diseases Society of America; USPSTF = United States Preventive Services Task Force.

EPCLUSA AND ITS AUTHORIZED GENERIC DELIVER A CONSISTENT CURE IN PEOPLE WHO INJECT DRUGS[1]

94%

OVERALL CURE RATE
GT 1-4 NC/CC adult patients[1]
(n=97/103; SIMPLIFY study)

SVR12 was the primary endpoint in SIMPLIFY (HCV RNA <LLOQ 12 weeks after treatment completion). Achieving SVR12 is considered a virologic cure.[1,25]

SAFETY DATA (SIMPLIFY)

The most common adverse reactions overall were fatigue (18%), nausea (13%), and headache (11%). Adverse reactions leading to permanent discontinuation of treatment were not observed in any subjects.[1]

SIMPLIFY was an open-label, Phase 2 clinical trial (N=103) that evaluated treatment with EPCLUSA in GT 1-4, NC/CC, HCV-infected PWID (self-reported injection drug use within previous 6 months), including patients on MAT for opioid use disorder (N=58). Patients received EPCLUSA in weekly blister packs for 12 weeks.[1]

Among the 6 patients who did not achieve SVR12,
4 were lost to follow-up, 1 overdose death, and 1 reinfection.
NO CASES OF VIROLOGIC FAILURE OR RELAPSE.[26,27]

PROSPECTIVELY STUDIED IN TODAY'S PWID POPULATION[26,27]

100%

OVERALL CURE RATE in mITT
GT 1-4 NC/CC adult patients[26,27]
(n=97/97; mITT; SIMPLIFY study)

mITT = modified intent-to-treat excluding 1 reinfection and 5 patients who did not meet virologic failure criteria [SVR rate 95% CI: 96%-100%].[1]

The mITT analysis is not presented in the EPCLUSA full Prescribing Information.
This mITT analysis was not powered for statistical analysis and should be considered descriptive only. Therefore, the results require cautious interpretation and could represent chance findings.

SELECT BASELINE CHARACTERISTICS IN mITT[27]

PATIENTS WITH ONGOING AND RECENT DRUG USE:

- **Injected in the past 30 days** (n=72)
- **Injected daily in the past 30 days** (n=26)

PATIENTS WITH OTHER CHALLENGES:

- **Current MAT** (n=57)
- **Used alcohol in the past 30 days** (n=60)
- **Unstable housing** (n=21)

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.

CC = compensated cirrhosis; GT = genotype; LLOQ = lower limit of quantification; NC = non-cirrhotic; SVR12 = sustained virologic response 12 weeks after treatment completion.

IMPORTANT SAFETY INFORMATION (CONT'D)

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.

Please see additional Important Safety Information throughout.
Click here for EPCLUSA full Prescribing Information, including BOXED WARNING on Hepatitis B reactivation.

CI = confidence interval; SVR = sustained virologic response.

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ADDITIONAL INFORMATION ON DRUG INTERACTIONS[1]

- Clearance of HCV infection with DAAs may lead to changes in hepatic function, which may impact safe and effective use of concomitant medications. Frequent monitoring of relevant laboratory parameters (INR in patients taking warfarin and blood glucose levels in patients with diabetes) and dose adjustments of certain concomitant medications may be necessary
- EPCLUSA has potentially significant drug interactions with certain acid-reducing agents, antiarrhythmics, anticancers, anticonvulsants, antimycobacterials, HIV antiretrovirals, herbal supplements, and HMG-CoA reductase inhibitors
- Coadministration of EPCLUSA with rosuvastatin or atorvastatin may be associated with increased risk of myopathy, including rhabdomyolysis, and requires additional monitoring or dosing adjustments
- Coadministration of EPCLUSA with omeprazole or other PPIs is not recommended. If medically necessary, EPCLUSA should be administered with food and taken 4 hours before omeprazole 20 mg. Use with other PPIs has not been studied

IS YOUR PATIENT TAKING CONCOMITANT MEDICATIONS ?

- EPCLUSA has no clinically significant drug interactions with MAT such as buprenorphine/naloxone, methadone, and naltrexone[1]
- EPCLUSA has no known interactions with certain antipsychotics, including aripiprazole (ABILIFY), clozapine (CLOZARIL), and quetiapine (SEROQUEL)[28]
- EPCLUSA has no known interactions with certain opioids, including oxycodone and fentanyl[28]

Please see full Prescribing Information for additional information on drug-drug interactions.

Not all DAAs have the same DDI profile

INR = international normalized ratio.

HAVE CONFIDENCE IN A CONSISTENT CURE WITH EPCLUSA OR ITS AUTHORIZED GENERIC

98%

OVERALL CURE RATE
in pivotal clinical trials in GT 1-6 TN/TE[a] NC/CC adult patients[1]
(n=1015/1035, ASTRAL-1, -2, -3 studies)

SVR12 was the primary endpoint in EPCLUSA clinical trials and was defined as HCV RNA <15 IU/mL at 12 weeks after the end of the treatment. Achieving SVR12 is considered a virologic cure.[1,25]

SAFETY DATA (ASTRAL)

Adverse reactions (≥5%) in patients receiving EPCLUSA: headache, fatigue, nausea, asthenia, and insomnia. Irritability was also observed in ≥5% of patients treated with EPCLUSA in ASTRAL-3.[1]

ASTRAL STUDY DESIGN[1,29,30]

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

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

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

[a]TE patients had failed a Peg-IFN + RBV-based regimen with or without an HCV NS3/4A protease inhibitor (boceprevir, simeprevir, or telaprevir).[1]

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

- **Risk of Reduced Therapeutic Effect Due to Concomitant Use of EPCLUSA with P-gp Inducers and/or Moderate to Strong 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.

Please see additional Important Safety Information throughout.
Click here for EPCLUSA full Prescribing Information, including BOXED WARNING on Hepatitis B reactivation.

Peg-IFN = peginterferon alfa; RBV = ribavirin; SOF = sofosbuvir; TE = treatment-experienced; TN = treatment-naïve.

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CONFIDENTLY TREAT YOUR CHRONIC HCV PATIENTS, INCLUDING PEOPLE WHO INJECT DRUGS

- More than **1 million people** have been treated with sofosbuvir-based regimens[31]
- 96% of patients have access to EPCLUSA or its Authorized Generic vs 66% for Mavyret nationally[32]

Placement on formulary is not intended to imply any claims regarding safety, efficacy, or comparability of products

Based on national covered (Exclusive or Preferred) lives as of 4/18/22. Local coverage may differ

IMPORTANT SAFETY INFORMATION (CONT'D)

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, 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.

Please see additional Important Safety Information throughout. Click here for EPCLUSA full Prescribing Information, including BOXED WARNING on Hepatitis B reactivation.

Confidently treat with EPCLUSA or its Authorized Generic

References: 1. EPCLUSA [prescribing information]. Foster City, CA: Gilead Sciences, Inc; April 2022. **2.** 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. **3.** Centers for Disease Control and Prevention. Viral Hepatitis Surveillance: United States, 2019. https://www.cdc.gov/hepatitis/statistics/2019surveillance/index.htm. Published May 2021. Accessed May 17, 2022. **4.** Akyar E, Seneca KH, Akyar S, Schofield N, Schwartz MP, Nahass RG. Linkage to care for suburban heroin users with hepatitis C virus infection, New Jersey, USA. *Emerg Infect Dis*. 2016;22(5):907-909. **5.** US Preventive Services Task Force. Screening for hepatitis C virus infection in adolescents and adults: US Preventive Services Task Force recommendation statement. *JAMA*. 2020;323(10):970-975. doi:10.1001/jama.2020.1123. **6.** Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. **7.** Data on file. Source Healthcare Analytics (SHA) HCV/PWID Care Cascade, 2019. **8.** National Institute on Drug Abuse. Viral hepatitis—a very real consequence of substance use. https://www.drugabuse.gov/drug-topics/viral-hepatitis-very-real-consequence-substance-use. Accessed June 2, 2022. **9.** Hajarizadeh B, Cunningham EB, Valerio H, et al. Hepatitis C reinfection after successful antiviral treatment among people who inject drugs: A meta-analysis. *J Hepatol*. 2020;72:643-657. **10.** AASLD-IDSA. Recommendations for testing, managing, and treating hepatitis C. https://www.hcvguidelines.org. Updated January 21, 2021. Accessed April 19, 2021. **11.** Schillie S, Wester C, Osborne M, et al. CDC recommendations for hepatitis C screening among adults-United States, 2020. *MMWR Recomm Rep*. 2020;69(2):1-18. **12.** European Association for the Study of the Liver. EASL recommendations on treatment of hepatitis C - Final update of the series. *J Hepatol*. 2020;73(5):1170-1218. doi:10.1016/j.jhep.2020.08.018. **13.** American Society of Addiction Medicine. Public policy statement on hepatitis C infection. https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2021/08/09/hepatitis-c. Published April 5, 2017. Accessed June 2, 2022. **14.** American College of Obstetricians and Gynecologists. Routine hepatitis C virus screening in pregnant individuals: ACOG practice advisory. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/05/routine-hepatitis-c-virus-screening-in-pregnant-individuals. Published May 2021. Accessed May 17, 2022. **15.** Quest Diagnostics. Hepatitis C antibody with reflex to HCV RNA, PCR w/reflex to genotype, LiPA. https://testdirectory.questdiagnostics.com/test/test-detail/94345/hepatitis-c-antibody-with-reflex-to-hcv-rnapcr-wreflex-to-genotype-lipa?cc=MASTER. Accessed June 2, 2022. **16.** Quest Diagnostics. Hepatitis C antibody with reflex to HCV, RNA quantitative, real-time PCR. https://testdirectory.questdiagnostics.com/test/test-detail/8472/hepatitis-c-antibody-with-reflex-to-hcv-rna-quantitative-real-time-pcr?cc=MASTER. Accessed June 2, 2022. **17.** LabCorp. Hepatitis C Virus (HCV) antibody with reflex to quantitative real-time PCR. https://www.labcorp.com/tests/144050/hepatitis-c-virus-hcv-antibody-with-reflex-to-quantitative-real-time-pcr. Accessed June 2, 2022. **18.** LabCorp. Hepatitis C Virus (HCV) antibody cascade to quantitative PCR and genotyping. https://www.labcorp.com/tests/144050/hepatitis-c-virus-hcv-antibody-with-reflex-to-quantitative-real-time-pcr. Accessed June 2, 2022. **19.** 2022 ICD-10-CM diagnosis codes. https://www.icd10data.com/ICD10CM/Codes. Accessed June 2, 2022. **20.** Quest Diagnostics. Hepatitis C viral RNA, genotype, LiPA. https://testdirectory.questdiagnostics.com/test/test-detail/37811/hepatitis-c-viral-rna-genotype-lipa?cc=MASTER. Accessed June 2, 2022. **21.** LabCorp. Hepatitis C Virus (HCV) genotyping, nonreflex. https://www.labcorp.com/tests/550475/hepatitis-c-virus-hcv-genotyping-nonreflex. Accessed June 2, 2022. **22.** Quest Diagnostics. Liver fibrosis, FibroTest-ActiTest panel. https://testdirectory.questdiagnostics.com/test/test-detail/92688/liver-fibrosis-fibrotest-actitest-panel?cc=MASTER. Accessed June 2021. **23.** LabCorp. Hepatitis C Virus (HCV) FibroSure®. https://www.labcorp.com/tests/550123/hepatitis-c-virus-hcv-fibrosure. Accessed June 2, 2022. **24.** Quest Diagnostics. Hepatitis C-infected patient, Baseline Panel 1. https://testdirectory.questdiagnostics.com/test/test-detail/91704/hepatitis-c-infected-patient-baseline-panel-1?cc=MASTER. Accessed June 2, 2022. **25.** US Department of Health and Human Services, Center for Drug Evaluation and Research. Guidance for industry. Chronic hepatitis C virus infection: developing direct-acting antiviral drugs for treatment. November 2017. **26.** 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. **27.** Data on file. Gilead Sciences. April 2022. **28.** University of Liverpool. Drug Interaction Checker. Liverpool HEP Interactions website. https://www.hep-druginteractions.org/checker. Updated June 2, 2022. Accessed June 2, 2022. **29.** Feld JJ, Jacobson IM, Hézode C, et al. Sofosbuvir and velpatasvir for HCV genotype 1, 2, 4, 5, and 6 infections. *N Engl J Med*. 2015;373:2599-2607. (and suppl.). **30.** Foster GR, Afdhal N, Roberts SK, et al. Sofosbuvir and velpatasvir for HCV genotype 2 and 3 infection. *N Engl J Med*. 2015;373:2608-2617. (and suppl.). **31.** Data on file. IMS Prescription Audit Through February 2022. **32.** Data on file. Gilead Hepatitis C virus coverage status report. February 2022.

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