

IS THERE AN **URGENCY TO TREAT HCV** IN CALIFORNIA?

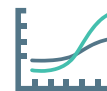
NEW HCV INFECTIONS ARE ON THE RISE IN THE US¹

44k

estimated new acute HCV cases in 2017¹



INJECTION DRUG USE and the **OPIOID EPIDEMIC** are fueling new infections²



Persons **UNDER 30 YEARS OLD** make up most new cases of HCV²

ARE HCV INFECTIONS AND THE OPIOID EPIDEMIC ISSUES IN YOUR COMMUNITY?

Rates of drug-related deaths and the prevalence of HCV in California:

Approximately:

4,868

people died from drug-related overdose in 2017³

318,900

people are living with HCV based on data from 2013-2016⁴

Together, we can break the cycle of HCV transmission.

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.

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.

Click [here](#) for EPCLUSA full Prescribing Information, including **BOXED WARNING on Hepatitis B reactivation**.



EPCLUSA[®]
sofosbuvir/velpatasvir
400 mg/100 mg tablets

CHOOSE TO CURE. CHOOSE EPCLUSA.

Cure = sustained virologic response (SVR12; HCV RNA <LLOQ 12 weeks after treatment completion).

Sofosbuvir/velpatasvir:

THE ONLY PROTEASE INHIBITOR-FREE, PANGENOTYPIC, PANFIBROTIC HCV REGIMEN.^{5,6}

Visit HCP.EPCLUSA.COM to learn more

Panfibrotic = stage 0-stage 4 fibrosis (compensated cirrhosis).
LLOQ = lower limit of quantification.

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 coinfecting 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 coinfecting 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.

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.
- **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 ($\geq 10\%$, all grades) with EPCLUSA were headache and fatigue.

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.

Click [here](#) for EPCLUSA full Prescribing Information, including **BOXED WARNING on Hepatitis B reactivation**.

References: 1. 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 November 27, 2019. 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. Opioid Overdose: 2017 Drug Overdose Death Rates. <https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2017.html>. Revised July 1, 2019. Accessed November 22, 2019. 4. Rosenberg ES, Rosenthal EM, Hall EW, et al. Prevalence of Hepatitis C Virus Infection in US States and the District of Columbia, 2013 to 2016. *JAMA Netw Open*. 2018 Dec 7;1(8):1-14. 5. Lawitz E, Bourliere M, Han L, et al. Poster presented at: International Liver Congress; April 19-23, 2017; Amsterdam, Netherlands. 6. EPCLUSA [prescribing information]. Foster City, CA: Gilead Sciences, Inc.; November 2019.



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