DON'T FACE HEP C ALONE

Once you have your prescription, the MAVYRET Patient Support program will be there to support you every step of the way. From the start, you'll be connected with your own Nurse Ambassador, who can talk you through the process and guide you to the right resources so you're never alone.

MAVYRET Nurse Ambassadors provide product support but do not provide medical advice and will direct you to your healthcare professional for any medical advice or questions related to treatment decisions and plans. Your Nurse Ambassador is there to help you feel more knowledgeable about your chronic hepatitis C and your treatment with MAVYRET and confident to ask questions of your healthcare team as you move forward with MAVYRET.

USE

MAVYRET™ (glecaprevir and pibrentasvir) tablets are a prescription medicine used to treat adults with chronic (lasting a long time) hepatitis C virus (hep C) genotypes 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis.

SAFETY CONSIDERATIONS

• **Hepatitis B virus reactivation:** Before starting treatment with MAVYRET, your doctor will do blood tests to check for hepatitis B virus infection. If you have ever had hepatitis B virus infection, the hepatitis B virus could become active again during or after treatment for hepatitis C virus with MAVYRET. Hepatitis B virus that becomes active again (called reactivation) may cause serious liver problems including liver failure and death. Your doctor will monitor you if you are at risk for hepatitis B virus reactivation during treatment and after you stop taking MAVYRET.

• Do not take MAVYRET if you have certain liver problems, or if you are taking the medicines atazanavir or rifampin.

• There are some medicines that you should not take with MAVYRET. **Tell your doctor about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements. MAVYRET and other medicines may affect each other. This can cause you to have too much or not enough MAVYRET or other medicines in your body. This may affect the way MAVYRET or your other medicines work, or may cause side effects. **Do not start a new medicine without telling your doctor.**

Please see Important Safety Information on page 4.

Please see accompanying full Prescribing Information, including the Patient Information.
MAVYRET PATIENT SUPPORT DESCRIPTION AND PRIVACY NOTICE

MAVYRET Patient Support is an AbbVie-sponsored coordination of care program designed to provide personalized treatment support. In order for you to participate, AbbVie, its affiliates, and agents (collectively “AbbVie”) will use and disclose your personal information, including your health information, collected on the enrollment form on page 3 and through participation in MAVYRET Patient Support for the following purposes:

1. To enroll you in and provide you with MAVYRET Patient Support and related services, including: reimbursement services, financial assistance (if eligible), nursing services at home and by phone, services to help you and your physicians coordinate the shipment of your medication, and other support services (“MAVYRET Patient Support”).

2. To perform research and data analytics to develop and evaluate products, services, materials, and treatments.

3. To contact you or your alternate contact (if listed) with: (a) informational materials related to your medical condition, relevant patient programs, MAVYRET, and the use of your prescribed AbbVie products; and (b) if you have checked the “Patient Consent” box on page 3, marketing materials related to AbbVie’s products, clinical trial and research opportunities, and other services.

AbbVie may combine the information it receives about you with information from other sources. However, AbbVie will not sell or rent any information that can identify you to third parties for their own purposes or otherwise use or disclose any information that can identify you for any purpose not authorized above.

You must be 18 or older to participate. MAVYRET Patient Support is available only to US and Puerto Rico residents. MAVYRET Patient Support is not intended to provide medical advice. Please consult your healthcare provider.

If you have questions about this Privacy Notice, want to update your information, terminate your MAVYRET Patient Support enrollment, or opt out of AbbVie marketing, please call 1-877-628-9738 or write to AbbVie Customer Service, Department 36M, 1 N. Waukegan Road, North Chicago, IL 60064-6163.

HIPAA AUTHORIZATION (SIGNATURE ON PAGE 3 OF ENROLLMENT FORM)

I authorize my healthcare providers, pharmacies, insurers, and testing laboratories (my “Healthcare Companies”) to disclose information about me, my medical condition, treatment, insurance coverage, and payment related to my use of AbbVie products (“Personal Information”), to AbbVie, its affiliates, collaborators, and agents (collectively “AbbVie”), to provide me with AbbVie-sponsored patient support and for AbbVie’s analytics and research purposes. Personal Information released under this Authorization will no longer be protected by HIPAA. My Healthcare Companies may receive remuneration from AbbVie for disclosing my Personal Information to AbbVie and contacting me about my use of AbbVie products and services. I am not required to sign this Authorization and my Healthcare Companies will not condition my treatment, payment, enrollment, or eligibility for benefits on whether I sign this Authorization. This Authorization will expire in 10 years or a shorter period if required by state law, unless I cancel it sooner by calling 1-877-628-9738, or by writing AbbVie Customer Service, Department 36M, 1 N. Waukegan Road, North Chicago, IL 60064-6163. Cancelling my Authorization will not affect uses of my information that occurred before my cancellation was received.

Please see Important Safety Information on page 4.

Please see accompanying full Prescribing Information, including the Patient Information.
To enroll in MAVYRET Patient Support, complete the patient information and sign the HIPAA Authorization.

**PATIENT INFORMATION**

Patient Name: ___________________________ DOB: ___________________________

Gender: ☐ Male ☐ Female ☐ Other ☐ English ☐ Spanish ☐ Other: ________________

Address (No PO Box): _______________________________________________________

City / State / ZIP: ___________________________ ALT Phone #: _______________________

Email Address: _____________________________________________________________

**PATIENT CONSENT**

☐ I would like to receive AbbVie communications about its products, services, or offerings that may be of interest to me.

HIPAA Authorization: My signature below certifies that I have read, understood, and agreed to the HIPAA Authorization on page 2.

Patient signature / Legal representative (Indicate relationship) Date ____________________

**PRESCRIBER INFORMATION**

Prescriber Name: ___________________________________________________________

NPI #: ___________________________

Specialty: ☐ Hepatology ☐ Gastro ☐ ID ☐ Other: ___________________________

State License #: ___________________________

Facility Name: _____________________________________________________________

Address: _________________________________________________________________

City / State / ZIP: ___________________________

Prescriber Contact Person: ___________________________________________________

Prescriber Phone #: ___________________________

Prescriber Fax #: ___________________________

Prescriber Email Address: ___________________________________________________

Patient Preferred Pharmacy: _________________________________________________

Pharmacy Contact & Phone: _________________________________________________

I certify that the patient and physician information contained in this form is complete and accurate to the best of my knowledge. By signing this form, I certify that I have prescribed MAVYRET to the patient named above and that I have obtained all necessary federal and state authorizations from my patient to allow me to release health information to AbbVie Inc. and the AbbVie partners identified on page 2.

Prescriber, please print name ___________________________ Please sign ___________________________ Date __________________

Please see Important Safety Information on page 4.

Please see accompanying full Prescribing Information, including the Patient Information.
INDICATION AND IMPORTANT SAFETY INFORMATION

USE
MAVYRET™ (glecaprevir and pibrentasvir) tablets are a prescription medicine used to treat adults with chronic (lasting a long time) hepatitis C virus (hep C) genotypes 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis.

IMPORTANT SAFETY INFORMATION
What is the most important information I should know about MAVYRET?

Hepatitis B virus reactivation: Before starting treatment with MAVYRET, your doctor will do blood tests to check for hepatitis B virus infection. If you have ever had hepatitis B virus infection, the hepatitis B virus could become active again during or after treatment for hepatitis C virus with MAVYRET. Hepatitis B virus that becomes active again (called reactivation) may cause serious liver problems including liver failure and death. Your doctor will monitor you if you are at risk for hepatitis B virus reactivation during treatment and after you stop taking MAVYRET.

Do not take MAVYRET if you:
• Have certain liver problems
• Are taking the medicines:
  – atazanavir
  – rifampin

What should I tell my doctor before taking MAVYRET?
• If you have had hepatitis B virus infection, have liver problems other than hep C infection, have HIV-1 infection, have had a liver or a kidney transplant, or any other medical conditions.
• If you are pregnant or plan to become pregnant, or if you are breastfeeding or plan to breastfeed. It is not known if MAVYRET will harm your unborn baby or pass into your breast milk. Talk to your doctor about the best way to feed your baby if you take MAVYRET.

• About all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. MAVYRET and other medicines may affect each other. This can cause you to have too much or not enough MAVYRET or other medicines in your body. This may affect the way MAVYRET or your other medicines work, or may cause side effects.
  – Do not start taking a new medicine without telling your doctor. Your doctor can tell you if it is safe to take MAVYRET with other medicines.

What are the common side effects of MAVYRET?
• The most common side effects of MAVYRET are headache and tiredness.

These are not all of the possible side effects of MAVYRET. Tell your doctor if you have any side effect that bothers you or that does not go away.

This is the most important information to know about MAVYRET. For more information, talk to your doctor or healthcare provider.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you cannot afford your medication, contact www.pparx.org for assistance.

Please see accompanying full Prescribing Information, including the Patient Information.