MAVYRET™ (glecaprevir and pibrentasvir) tablets are indicated for the treatment of adult patients with chronic hepatitis C virus (HCV) genotype 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis (Child-Pugh A). MAVYRET is also indicated for the treatment of adult patients with HCV genotype 1 infection, who previously have been treated with a regimen containing an HCV NS5A inhibitor or an NS3/4A protease inhibitor (PI), but not both.

SAFETY CONSIDERATIONS

Test all patients for evidence of current or prior hepatitis B virus (HBV) infection before initiating treatment with MAVYRET. HBV reactivation has been reported in HCV/HBV coinfected patients who were undergoing or had completed treatment with HCV direct-acting antivirals and were not receiving HBV antiviral therapy. Some cases have resulted in fulminant hepatitis, hepatic failure, and death. Monitor HCV/HBV coinfected patients for HBV flare or HBV reactivation during HCV treatment and post-treatment follow-up. Initiate appropriate patient management for HBV infection as clinically indicated. MAVYRET is contraindicated in patients with severe hepatic impairment (Child-Pugh C) and with coadministration of atazanavir or rifampin. Carbamazepine, efavirenz, and St. John’s Wort may significantly decrease plasma concentrations of glecaprevir and pibrentasvir, leading to reduced therapeutic effect of MAVYRET. The use of these agents with MAVYRET is not recommended.

Please see Important Safety Information, including BOXED WARNING on Hepatitis B Virus reactivation, on the following page.

Please see full Prescribing Information.
IMPORTANT SAFETY INFORMATION

WARNING: RISK OF HEPATITIS B VIRUS REACTIVATION IN PATIENTS COINFECTED WITH HCV AND HBV: Test all patients for evidence of current or prior hepatitis B virus (HBV) infection before initiating treatment with MAVYRET. HBV reactivation has been reported in HCV/HBV coinfected patients who were undergoing or had completed treatment with HCV direct-acting antivirals and were not receiving HBV antiviral therapy. Some cases have resulted in fulminant hepatitis, hepatic failure, and death. 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.

CONTRAINDICATIONS
MAVYRET is contraindicated:
• In patients with severe hepatic impairment (Child-Pugh C)
• With the following drugs: atazanavir or rifampin

STUDY DESIGNS

EXPEDITION 1
A single-arm, open-label, phase 3 study to evaluate the efficacy and safety of MAVYRET for 12 weeks in 146 treatment-naïve or prior treatment-experienced (ie, interferon (IFN) or pegIFN ± RBV, or SOF + RBV ± pegIFN) GT 1, 2, 4–6-infected adults with compensated cirrhosis. Primary endpoint: SVR12.

MAGellan 1
A randomized, open-label, 2-part, phase 2 study to evaluate the efficacy, safety, and pharmacokinetics of MAVYRET with or without RBV for 12 or 16 weeks in 141 direct-acting antiviral-experienced GT 1, 4-infected adults without cirrhosis or with compensated cirrhosis. Part 1: GT 1 non-cirrhotic patients were administered MAVYRET with or without RBV for 12 weeks. Part 2: GT 1, 4 patients without cirrhosis or with compensated cirrhosis were administered MAVYRET for 12 or 16 weeks. Primary endpoint: SVR12.

ENDURANCE 1
A randomized, open-label, multicenter, phase 3 study to evaluate the efficacy and safety of MAVYRET for 8 or 12 weeks in 703 treatment-naïve or prior treatment-experienced (ie, IFN or pegIFN ± RBV, or SOF + RBV ± pegIFN) GT 1-infected adults without cirrhosis and with or without HIV-1 co-infection. Primary endpoints: SVR12 in the 12-week ITT-PS population (ITT population excluding patients with HIV coinfection and patients with SOF experience); SVR12 in the 8-week arm compared with the 12-week arm in the ITT-PS and per-protocol ITT-PS populations (“per-protocol” excludes patients with premature discontinuation or virologic failure prior to week 8 and missing data in the SVR12 window).

ENDURANCE 3
A partially randomized, open-label, active-controlled, multicenter, phase 3 study to evaluate the efficacy and safety of MAVYRET with or without RBV in 691 treatment-naïve or treatment-experienced (ie, IFN or pegIFN ± RBV, or SOF + RBV ± pegIFN) GT 2–6-infected adults, without cirrhosis or with compensated cirrhosis. Part 1: GT 2, 3, non-cirrhotic patients were administered MAVYRET for 8 weeks and GT 3 patients without cirrhosis or with compensated cirrhosis were administered MAVYRET with or without RBV for 12 weeks. Part 3: GT 3 patients without cirrhosis or with compensated cirrhosis were administered MAVYRET for 12 or 16 weeks. Part 4: GT 2, 4–6 non-cirrhotic patients were administered MAVYRET for 8 weeks. Primary endpoints: SVR12 in each treatment arm and noninferiority of SVR12 for GT 2 (Part 4) to historical control with 12 weeks of SOF + RBV.

ADVERSE REACTIONS
Most common adverse reactions observed with MAVYRET:
• >10% of subjects: headache and fatigue
• ≥5% of subjects: headache, fatigue, and nausea

Please see full Prescribing Information.