

PATIENT SUPPORT ENROLLMENT

Please complete and fax: 1-866-938-6696
Phone: 1-877-MAVYRET (1-877-628-9738)

PATIENT TO COMPLETE

To enroll in MAVYRET Patient Support, complete the patient information and sign the HIPAA Authorization.

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Gender: Male Female Other Language: English Spanish Other: _____

Address (No PO Box): _____

City / State / ZIP: _____

Primary Phone #: _____ 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 3.

Patient signature / Legal representative (Indicate relationship)

Date

PRESCRIBER TO COMPLETE

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 3.

Prescriber, please print name Please sign _____ Date _____

Please see Important Safety Information on page 2.

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

MAVYRET PATIENT SUPPORT

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MAVYRET
glecaprevir/pibrentasvir
100 mg/40 mg tablets

USE AND IMPORTANT SAFETY INFORMATION

USE

MAVYRET is a prescription medicine used to treat adults and children 12 years of age and older or weighing at least 99 pounds (45 kilograms) with:

- chronic (lasting a long time) hepatitis C virus (hep C) genotypes (GT) 1, 2, 3, 4, 5 or 6 infection without cirrhosis or with compensated cirrhosis.
- GT 1 infection and have been previously treated with a regimen that contained a hep C NS5A inhibitor or an NS3/4A protease inhibitor, but not both.

IMPORTANT SAFETY INFORMATION

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

Hepatitis B virus (hep B) reactivation: Before starting treatment with MAVYRET, your doctor will do blood tests to check for hep B infection. If you have ever had hep B infection, hep B could become active again during or after treatment for hep C with MAVYRET. Hep B 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 hep B reactivation during treatment and after you stop taking MAVYRET.

Do not take MAVYRET if you:

- Have certain liver problems
- Are taking the medicines atazanavir or rifampin

What should I tell my doctor before taking MAVYRET?

- If you have had hep B infection, have liver problems other than hep C infection, have HIV-1 infection, have had a liver or a kidney transplant, and all 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 possible side effects of MAVYRET?

- **In people who had or have advanced liver problems before starting treatment with MAVYRET, there is a rare risk of worsening liver problems, liver failure, and death.** Your doctor will check you for signs and symptoms of worsening liver problems during treatment with MAVYRET. Tell your doctor right away if you have any of the following: nausea; tiredness; yellowing of your skin or white part of your eyes; bleeding or bruising more easily than normal; confusion; dark, black, or bloody stool; loss of appetite; diarrhea; dark or brown (tea-colored) urine; swelling or pain on the upper right side of your stomach area (abdomen); sleepiness; vomiting of blood; or lightheadedness.
- The most common side effects of MAVYRET are headache and tiredness.

These are not all the possible side effects of MAVYRET. Call your doctor for medical advice about side effects.

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.

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

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/myAbbVieAssist to learn more.

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PLEASE RETAIN FOR YOUR RECORDS

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 1 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 1, 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 1 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. Canceling my Authorization will not affect uses of my information that occurred before my cancellation was received.

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