JOIN US FOR AN UPCOMING EDUCATIONAL EVENT:

Treating Hepatitis C with Mavyret in your Practice

PRESENTED BY:

Eric Lawitz, M.D.

Vice President, Scientific and Research Development, Texas Liver Institute, American Research Corporation

Eric Lawitz MD is the Medical Director at the Texas Liver Institute and Professor of Medicine at the University of Texas Health San Antonio in San Antonio, Texas. He received his postgraduate training in Gastroenterology and Hepatology at Brooke Army Medical Center in San Antonio, Texas, where he subsequently became Chief of Clinical Services. Dr Lawitz is widely recognized for his research and teaching on liver disease. He has presented at both national and international medical congresses. Dr Lawitz is a Fellow of AASLD, AGA, and Academy of Physicians in Clinical Research and is a certified Principal Investigator. He serves as a reviewer for multiple peer review journals and he has authored over 400 peer-reviewed publications in journals.

DATE & TIME:

Wednesday, November 1, 2023

1:00 PM ET 12:00 PM CT
11:00 AM MT 10:00 AM PT

LOCATION:

WEBINAR

PLEASE RSVP BY:

October 27, 2023
Marisela Padilla (318) 294-0850
abbvie.meintl.com/HBC08-HT08-23

In accordance with the PhRMA Code on Interactions with Healthcare Professionals, attendance at this program is limited to healthcare professionals who practice relevant specialties.

AbbVie tracks and reports payments and transfers of value to healthcare professionals under applicable state and federal reporting obligations.

Alcohol will no longer be provided by AbbVie at programs.

MAVYRET®
glecaprevir/pibrentasvir
100 mg/40 mg tablets
50 mg/20 mg oral pellets

INDICATION

MAVYRET is indicated for the treatment of adult and pediatric patients 3 years and older 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 indicated for the treatment of adult and pediatric patients 3 years and older 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.

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 posttreatment follow-up. Initiate appropriate patient management for HBV infection as clinically indicated.

CONTRAINDICATIONS

- MAVYRET is contraindicated in patients with moderate or severe hepatic impairment (Child-Pugh B or C) or those with any history of prior hepatic decompensation.
- MAVYRET is contraindicated with atazanavir or rifampin.

WARNINGS AND PRECAUTIONS

Risk of Hepatic Decompensation/Failure in Patients with Evidence of Advanced Liver Disease

- Postmarketing cases of hepatic decompensation/failure, some fatal, have been reported in patients treated with HCV NS3/4A protease inhibitor–containing regimens, including MAVYRET. The median time to onset for MAVYRET was 27 days. The majority had moderate or severe hepatic impairment prior to initiating therapy, including some with compensated cirrhosis at baseline but with a prior decompensation event. Rare cases were reported in patients without cirrhosis or with compensated cirrhosis; many of these patients had evidence of portal hypertension. In patients with compensated cirrhosis or evidence of advanced liver disease, perform hepatic laboratory testing as clinically indicated; and monitor for signs and symptoms of hepatic decompensation, such as the presence of jaundice, ascites, hepatic encephalopathy, and variceal hemorrhage. Discontinue MAVYRET in patients who develop evidence of hepatic decompensation/failure.

Risk of Reduced Therapeutic Effect Due to Concomitant Use of MAVYRET with Certain Drugs

- 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.

ADVERSE REACTIONS

Most common adverse reactions observed with MAVYRET:

- >10% of subjects: headache and fatigue

MAVYRET oral pellets are dispensed in unit-dose packets. Each packet contains 50 mg glecaprevir/20 mg pibrentasvir.

Please see accompanying full Prescribing Information or at *www.rxabbvie.com/pdf/mavyret_pi.pdf*

Reference: MAVYRET [package insert]. North Chicago, IL; AbbVie Inc.

US-MAVY-230117 July 2023 HBC08-HT08-23

abbvie