BECAUSE EVERY PATIENT MATTERS

High Virological Efficacy Rates in GT1 Patients Regardless of Baseline NS5A Resistance

Similar SVR rates were achieved irrespective of the presence or absence of baseline NS5A class and ombitasvir-specific variants1

IMPACT OF BASELINE RAVs ON SVR48 RATE IN GT1a PATIENTS*

At a 15% detection threshold in GT1a, NS5A baseline OBV-specific RAVs were detected in 12% (11% 1 NS5A RAV and 1% 2 or more NSA RAVs)1

IN GT1b PATIENTS

All patients in this analysis who received viekirax + exviera without RBV (n=143)† achieved SVR48, including 8% of patients with NSSA Y93 variants.1

IN GT1 PATIENTS

Given the low virologic failure rates observed with recommended treatment regimens for HCV GT1a- and GT1b-infected subjects, the presence of baseline variants appears to have little impact on the likelihood of achieving SVR.2,3

*The study included GT1a patients with compensated cirrhosis (n=118) from arm B of TURQUOISE-II, and without cirrhosis (n=214) from arms A and B of SAPPHIRE-II, treated with viekirax + exviera label-recommended regimens. The study excluded GT1a patients (n=9) who did not achieve SVR for reasons other than virologic failure (breakthrough or relapse).1

†At the 15% detection threshold in GT1a, NS5A baseline RAVs, M28T/V, Q30E/R, H58D, or Y93C/F/H/L/N were detected in 11% of the samples; M28T/V was most prevalent (7.3%).1

‡ The study included GT1b patients with compensated cirrhosis (n=60) from TURQUOISE-III, and without cirrhosis (n=91) from arm B of PEARL-II, treated with viekirax + exviera without RBV. Of the 151 patients included in the study, 143 patients were included in the final analysis.1

For the indication and summary of Important Safety Information, see the viekirax and exviera SmPCs located at this booth.
BECAUSE EVERY PATIENT MATTERS

Now for Patients on Haemodialysis

Viekirax + exviera is now approved for use in patients with end-stage renal disease on dialysis\(^1,2\)

**Efficacy**

HIGH SVR RATES\(^*\) IN PATIENTS WITH RENAL IMPAIRMENT

In non-cirrhotic GT1 patients with severe renal impairment or end-stage renal disease, including those on dialysis, with 12 weeks of treatment (viekirax + exviera ± RBV)\(^3\)

**Safety**

IN AN ALL-ORAL APPROVED REGIMEN

Overall safety profile in patients with severe renal impairment was similar to that seen in prior Phase 3 studies in patients without severe renal impairment\(^1,3\)

NO DOSE ADJUSTMENT OF VIEKIRAX OR EXVIERA REQUIRED\(^1,2\)

Viekirax + exviera elimination mainly occurs via the non-renal route and can be used in patients with mild, moderate, or severe renal impairment, or end-stage renal disease on dialysis\(^1,2\)

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\(^*\)SVR was the primary endpoint to determine the HCV cure rate in the Phase 3 studies and was defined as unquantifiable or undetectable HCV RNA 12 weeks after the end of treatment (SVR\(_{12}\))\(^1,2\)

\(^1\)No dose adjustment of viekirax or exviera is required for patients with mild, moderate, or severe renal impairment.

\(^2\)Changes in exposure with mild, moderate, and severe renal impairment are not clinically significant\(^1,2,5\).

For summary of Important Safety Information, see the viekirax and exviera SmPCs located at this booth.

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References:

1. VIEKIRAX [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016.
2. EXVIERA [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016.

For summary of Important Safety Information, see the viekirax and exviera SmPCs located at this booth.
NEW for Your GT1b Patients

Without cirrhosis or with compensated cirrhosis and regardless of prior P/R treatment experience

viekirax + exviera

100%

SVR₁₂ ACHIEVED IN GT1b PATIENTS WITH 12 WEEKS OF TREATMENT (IN A POOLED ANALYSIS)¹,² (N=361/361)

RBV FREE 12-WEEK VIEKIRAX + EXVIERA REGIMEN

SVR₁₂ was the primary endpoint to determine the HCV virological efficacy rate in the Phase 3 studies and was defined as unquantifiable or undetectable HCV RNA 12 weeks after the end of treatment.¹,²

For the indication and summary of Important Safety Information, see the viekirax and exviera SmPCs located at this booth.

References: 1. VIEKIRAX [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016. 2. EXVIERA [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016.

PR=pegylated interferon with ribavirin; RBV=ribavirin; SVR₁₂=sustained virologic response 12 weeks post treatment.
High SVR$_{12}$ Rates
In GT1 patients with compensated cirrhosis

NEW FOR GT1b PATIENTS WITH COMPENSATED CIRRHOSIS
RBV FREE, 12-WEEK VIEKIRAX + EXVIERA REGIMEN

SVR$_{12}$, ACHIEVED IN GT1b PATIENTS WITH COMPENSATED CIRRHOSIS
WHO RECEIVED 12 WEEKS OF TREATMENT
(N=60/60)
Regardless of prior P/R treatment experience$^{1,2}$

SVR$_{12}$, ACHIEVED IN GT1a PATIENTS WITH COMPENSATED CIRRHOSIS
WHO RECEIVED VIEKIRAX + EXVIERA + RBV FOR 24 WEEKS$^{1,2}$

SVR$_{12}$, was the primary endpoint to determine the HCV virological efficacy rate in the Phase 3 studies and was defined as unquantifiable or undetectable HCV RNA 12 weeks after the end of treatment.$^{1,2}$

For the indication and summary of Important Safety Information, see the viekirax and exvierax SmPCs located at this booth.

References: 1. VIEKIRAX [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016. 2. EXVIERA [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016.

PR=pegylated interferon with ribavirin; RBV=ribavirin; SVR$_{12}$=sustained virologic response 12 weeks post treatment.
High Virological Efficacy Rates in GT1 Patients Regardless of Baseline NS5A Resistance

Similar SVR rates were achieved irrespective of the presence or absence of baseline NS5A class and ombitasvir-specific variants

IN GT1b PATIENTS
All patients in this analysis who received viekira + exviera without RBV (n=143) achieved SVR48, including 11 patients (8%) with NS5A Y93 variants.

IN GT1 PATIENTS
Given the low virologic failure rates observed with recommended treatment regimens for HCV GT1a- and GT1b-infected subjects, the presence of baseline variants appears to have little impact on the likelihood of achieving SVR.

**IMPACT OF BASELINE RAVs ON SVR48 RATE IN GT1a PATIENTS**

At a 15% detection threshold in GT1a, NS5A baseline RAVs were detected in 12% (11% 1 NS5A RAV and 1% 2 or more NS5A RAVs)3

15% detection threshold
viekira + exviera + RBV Recommended regimen by patient type

**References:**
2. VIEKIRAX [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016.
3. EXVIERA [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016.

OBV=ombitasvir; RAV=resistance-associated variants; RBV=ribavirin; SVR48=sustained virologic response 48 weeks post-treatment.

For the indication and summary of Important Safety Information, see the viekira and exviera SmPCs located at this booth.

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NEW for All GT1b Patients With Compensated Cirrhosis

100% CURE1,2*

RBV FREE 12-WEEK VIEKIRAX + EXVIERA REGIMEN

(n=60/60) (IN A SINGLE STUDY)

*Sustained virologic response (SVR) was the primary endpoint to determine the HCV virological efficacy rate in the Phase 3 studies and was defined as unquantifiable or undetectable HCV RNA 12 weeks after the end of treatment (SVR12).1,2

For the indication and summary of Important Safety Information, see the viekirax and exviera SmPCs located at this booth.

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References: 1. VIEKIRAX [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016. 2. EXVIERA [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016.
BECAUSE EVERY PATIENT MATTERS

NEW for Your GT1b Patients

Without cirrhosis or with compensated cirrhosis and regardless of prior P/R treatment experience

viekirax + exviera

SVR_{12} ACHIEVED IN GT1b PATIENTS WITH 12 WEEKS OF TREATMENT (IN A POOLED ANALYSIS)\(^1,2\) (N=361/361)

RBV FREE

12-WEEK VIEKIRAX + EXVIERA REGIMEN

SVR_{12} was the primary endpoint to determine the HCV virological efficacy rate in the Phase 3 studies and was defined as unquantifiable or undetectable HCV RNA 12 weeks after the end of treatment.\(^1,2\)

For the indication and summary of Important Safety Information, see the viekirax and exviera SmPCs located at this booth.

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References: 1. VIEKIRAX [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016. 2. EXVIERA [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016.

P/R=pegylated interferon with ribavirin; RBV=ribavirin; SVR_{12}=sustained virologic response 12 weeks post treatment.
These products are subject to additional monitoring. The report of the adverse events related to this medicine is a priority.

BECAUSE EVERY PATIENT MATTERS

High SVR_{12} Rates
In GT1 patients with compensated cirrhosis

NEW FOR GT1b PATIENTS WITH COMPENSATED CIRRHOSIS
RBV FREE, 12-WEEK VIEKIRAX + EXVIERA REGIMEN

SVR_{12} ACHIEVED IN GT1b PATIENTS WITH COMPENSATED CIRRHOSIS
WHO RECEIVED 12 WEEKS OF TREATMENT
(N=60/60)
Regardless of prior P/R treatment experience

ACHIEVED IN GT1a PATIENTS WITH COMPENSATED CIRRHOSIS
WHO RECEIVED VIEKIRAX + EXVIERA + RBV FOR 24 WEEKS

SVR_{12}, was the primary endpoint to determine the HCV virological efficacy rate in the Phase 3 studies and was defined as unquantifiable or undetectable HCV RNA 12 weeks after the end of treatment.

For the indication and summary of Important Safety Information, see the viekirax and exviera SmPCs located at this booth.

References:
1. VIEKIRAX [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016.
2. EXVIERA [SmPC]. Maidenhead, United Kingdom; AbbVie Ltd; 2016.

P/R=pegylated interferon with ribavirin; RBV=ribavirin; SVR_{12}=sustained virologic response 12 weeks post treatment.