



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

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Zepatier (*elbasvir/grazoprevir*)

What is Zepatier and what is it used for?

Zepatier is an antiviral medicine used to treat adults and children from 12 years of age weighing at least 30 kg with chronic (long-term) hepatitis C, an infectious disease that affects the liver, caused by the hepatitis C virus.

Zepatier contains the active substances elbasvir and grazoprevir.

How is Zepatier used?

Zepatier can only be obtained with a prescription and treatment should be started and monitored by a doctor experienced in the management of patients with chronic hepatitis C.

There are several varieties (called genotypes) of hepatitis C virus. Zepatier is recommended for use in patients infected with hepatitis C virus genotypes 1a, 1b and 4 who may or may not have compensated liver cirrhosis (scarring of the liver but the liver is still able to work adequately).

Zepatier is available as tablets. The usual dose is 50 mg elbasvir and 100 mg grazoprevir taken once a day for 12 weeks. In some cases, treatment may be longer and Zepatier may be used together with another medicine called ribavirin.

For more information about using Zepatier, see the package leaflet or contact your doctor or pharmacist.

How does Zepatier work?

The active substances in Zepatier, elbasvir and grazoprevir, block two proteins essential for the hepatitis C virus to multiply. Elbasvir blocks the action of a protein called 'NS5A', while grazoprevir blocks an enzyme called 'NS3/4A protease'. By blocking these proteins, Zepatier stops the hepatitis C virus from multiplying and infecting new cells.

What benefits of Zepatier have been shown in studies?

Zepatier with or without ribavirin has been investigated in eight main studies involving around 2,000 adults infected with hepatitis C virus of various genotypes whose liver was working normally or adequately. In all studies, the main measure of effectiveness was the number of patients whose blood

Official address Domenico Scarlattilaan 6 • 1083 HS Amsterdam • The Netherlands

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tests did not show any sign of hepatitis C virus 12 weeks after the end of treatment. Looking at the results of the studies together, 96% of patients with genotype 1b virus (301 out of 312 patients) tested negative for the virus after 12 weeks of treatment with Zepatier. For patients with genotype 1a virus, 93% of patients (483 out of 519 patients) treated with Zepatier tested negative compared with 95% (55 out of 58 patients) on Zepatier with ribavirin. For patients with genotype 4 virus, 94% of patients (61 out of 65 patients) treated with Zepatier tested negative compared with 100% (8 out of 8 patients) treated with Zepatier and ribavirin. Benefit was also seen in patients also infected with HIV or who had chronic (long-term) kidney disease. The available data in patients with genotype 3 virus were not sufficient to support the use of Zepatier for this genotype. A study conducted in 22 patients older than 12 and younger than 18 years of age showed that the way Zepatier is absorbed, processed and removed from the body in this age group and in adults is similar. Zepatier is therefore expected to show similar safety and effectiveness. In addition, in this study all 22 patients tested negative for the virus after 12 weeks of treatment.

What are the risks associated with Zepatier?

The most common side effects with Zepatier (which may affect more than 1 in 10 people) are tiredness and headache.

Zepatier must not be used in patients with moderately or severely reduced liver function (Child-Pugh class B or C cirrhosis). It must not be used together with medicines such as the antibiotic rifampicin, certain HIV medicines and ciclosporin (used to prevent organ rejection) since Zepatier may affect the way these medicines work. It must also not be used with the herbal remedy St. John's wort (used for depression and anxiety), or the epilepsy medicines carbamazepine and phenytoin because these medicines may affect the way Zepatier works.

For the full list of side effects and restrictions of Zepatier, see the package leaflet.

Why is Zepatier authorised in the EU?

Zepatier has been shown to be highly effective in clearing the hepatitis C virus genotypes 1a, 1b and 4 from the blood of patients with or without compensated cirrhosis, including patients also infected with HIV or who have chronic kidney disease. In most of the studies, treatment with Zepatier was not compared with another treatment or no treatment. This was considered acceptable because chronic hepatitis C virus is very rarely cured without treatment and, at the time the studies started, other antiviral medications such as Zepatier were not available. Zepatier was well tolerated with a favourable safety profile.

The European Medicines Agency decided that Zepatier's benefits are greater than its risks and it can be authorised for use in the EU.

What measures are being taken to ensure the safe and effective use of Zepatier?

Recommendations and precautions to be followed by healthcare professionals and patients for the safe and effective use of Zepatier have been included in the summary of product characteristics and the package leaflet.

As for all medicines, data on the use of Zepatier are continuously monitored. Side effects reported with Zepatier are carefully evaluated and any necessary action taken to protect patients.

Other information about Zepatier

Zepatier received a marketing authorisation valid throughout the EU on 22 July 2016.

Further information on Zepatier can be found on the Agency's website:

ema.europa.eu/medicines/human/EPAR/zepatier.

This overview was last updated in 10-2021.