

Elbasvir PK Fact Sheet

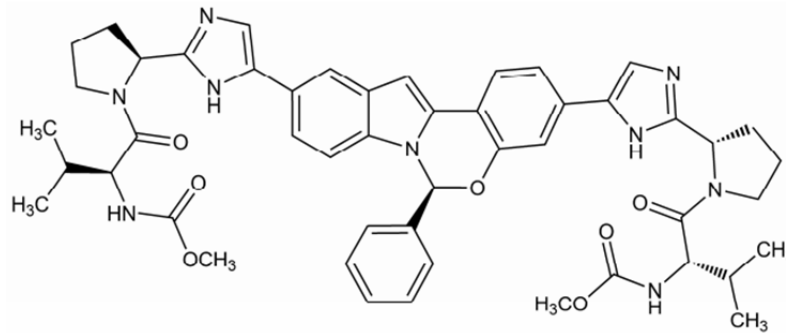
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Details

| | |
|-------------------------|--|
| Generic Name | Elbasvir |
| Trade Name | Zepatier® (co-formulated with grazoprevir) |
| Class | HCV NS5A inhibitor |
| Molecular Weight | 882.02 |
| Structure | |

**Summary of Key Pharmacokinetic Parameters**

Elbasvir is available in a fixed-dose combination product with grazoprevir.

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|--------------------------------|---|
| Linearity/non-linearity | Elbasvir pharmacokinetics were approximately dose-proportional over the range of 5-100 mg once daily. |
| Steady state | Achieved after approximately 6 days of once daily dosing. |
| Plasma half life | ~ 24 h |
| C_{max} | 121 (118, 123) ng/ml (mean, 90% CI, based on population PK modelling) |
| C₂₄ | 48.4 (47.3, 49.6) ng/ml (mean, 90% CI, based on population PK modelling) |
| AUC | 1920 (1880, 1960) ng.h/ml (mean, 90% CI, based on population PK modelling) |
| Bioavailability | Not determined |
| Absorption | Relative to fasting conditions, the administration of a single dose of elbasvir/grazoprevir with a high-fat (900 kcal, 500 kcal from fat) meal to healthy subjects decreased elbasvir AUC and C _{max} by approximately 11% and 15%, respectively. These differences in exposure are not clinically relevant; therefore, elbasvir/grazoprevir may be taken without regard to food. |
| Protein Binding | >99.9% |
| Volume of Distribution | 680 L (based on population PK modelling) |
| CSF:Plasma ratio | Not determined |
| Semen:Plasma ratio | Not determined |
| Renal Clearance | <1% |
| Renal Impairment | No dosage adjustment of elbasvir/grazoprevir is recommended in patients with any degree of renal impairment including patients on haemodialysis. Elbasvir is not removed by haemodialysis and is unlikely to be removed by peritoneal dialysis as it is highly protein bound. |
| Hepatic Impairment | No dosage adjustment of elbasvir/grazoprevir is recommended in patients with mild hepatic impairment (Child-Pugh A). Elbasvir/grazoprevir is contraindicated in patients with moderate or severe hepatic impairment (Child-Pugh B or C) due to the expected significantly increased grazoprevir plasma concentration (a 12-fold increase in grazoprevir exposure was observed in non-HCV infected Child-Pugh C subjects) and the increased risk of alanine aminotransferase (ALT) elevations. |

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Metabolism and Distribution

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| <i>Metabolised by</i> | CYP3A |
| <i>Inducer of</i> | Unlikely to induce CYP1A2, CYP2B6, CYP3A. |
| <i>Inhibitor of</i> | Inhibits P-gp and BCRP. Does not inhibit CYP3A. No clinically significant inhibition of CYP1A2, CYP2B6, CYP2C8, CYP2C9, CYP2C19, and CYP2D6, UGT1A1, and esterases (CES1, CES2, and CatA) expected. |
| <i>Transported by</i> | P-gp |

References

Unless otherwise stated (see below), information is from:
Zepatier® US Prescribing Information, Merck & Co Inc.