

ADVOCACY TEAM

CALL TO ACTION

GET TESTED AND TREATED FOR HEPATITIS C IMMEDIATELY

PLEASE LISTEN:

It's time to save your life by getting screened for hepatitis C, and if diagnosed, begin treatment immediately.

According to The World Health Organization (WHO), you have an 80% chance of not being properly diagnosed with hepatitis C. More so, if you are diagnosed, you have a 93% chance of not being on therapy for the virus. And here is where the sad lost opportunity arises, for treatment is now available for all genotypes of hepatitis C. Moreover, virus clearance rates on these new therapies are upwards of 90% for 8-24 weeks of therapy with minimal side effects, as opposed to previously available therapies that were frequently 48 weeks with often, unbearable side effects.

We're going to hit you with some facts. We want you to mull these over and consider what they are telling you. We also want to add that some of our hemophilia community members lived with the virus for over 30 years. One man became a fast enemy with hepatitis C when it took up residence in his blood and drove his liver into cirrhosis. In 2005, he tried to shed it with the only available therapy, PEGylated interferon and ribavirin. This failed and he gave up—there was nothing else.

A decade slipped by, and hepatitis C continued its onslaught, but then, in 2013, he tried again with newer medicines. They worked; they saved him. While

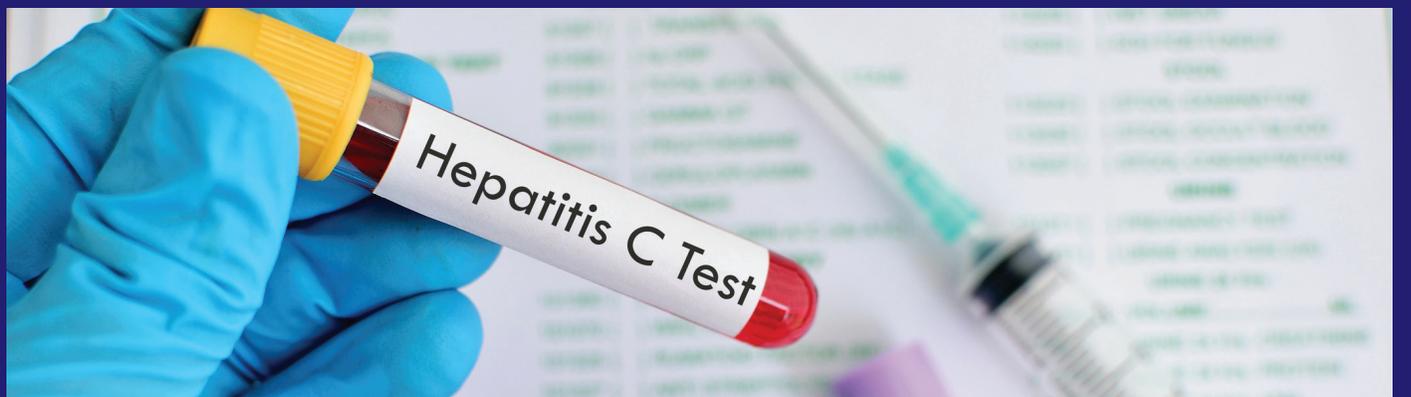
damage was done to his liver, he has cleared hepatitis C and stopped further cirrhosis. He can never gauge how many years this gave him back, but that extra time is immeasurable. So, let's check out these facts:

Worldwide, over 71 million people are living with hepatitis C; 3.2 million of those are in the United States. Yearly, approximately 1.75 million people are newly infected and approximately 1.34 million die as a result of hepatitis C-related complications. In 2014, when effective treatment was made available, the U.S. saw over 2,000 new diagnoses, and lost over 38,000 citizens to liver disease resulting from hepatitis C.

As you've likely heard, persons with a bleeding disorder who received plasma products in the 1970s and 80s are at a much higher risk of having contracted hepatitis C. Sources estimate that 6,000-10,000 hemophiliacs contracted the virus in those decades. Additionally, persons with hemophilia who contracted hepatitis C were likely co-infected with HIV, which further complicates the likelihood of liver disease and now, ultimately, leaves us a community where, as NHF states, "Hepatitis C is now the leading cause of mortality in individuals with hemophilia." This does not need to be the case.

MASAC, an NHF treatment advisory council, sets clear guidelines regarding hepatitis C:

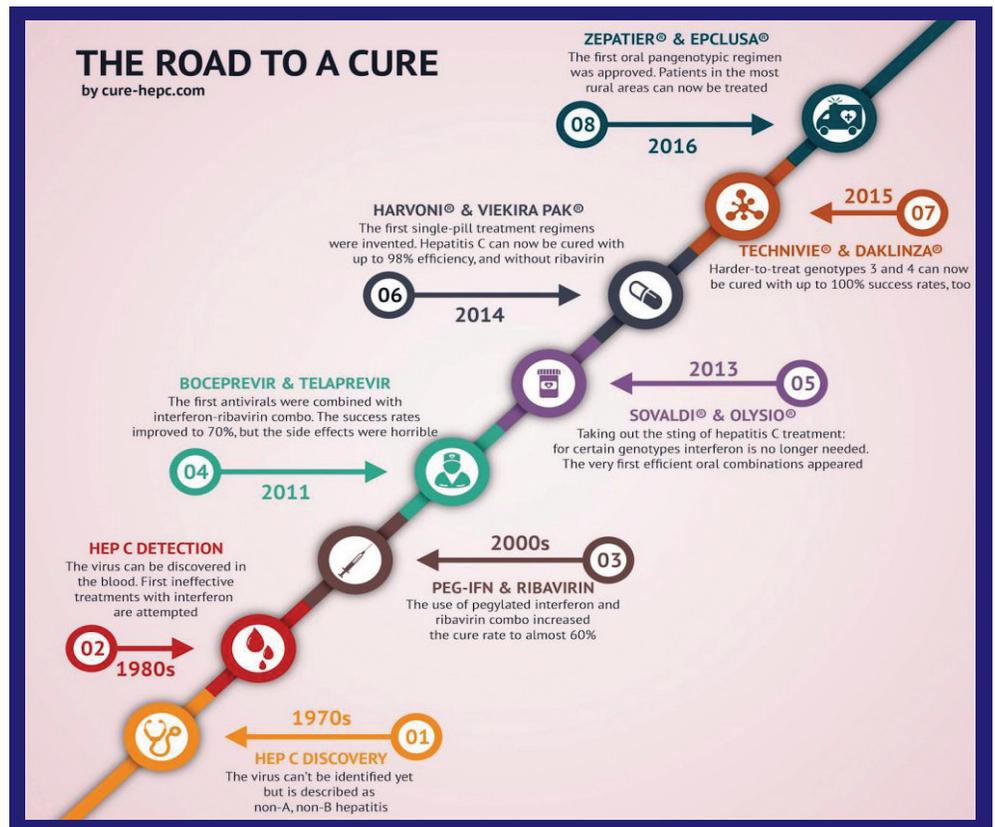
1. All persons with bleeding disorders should be evaluated and tested by December 2016. That date has passed; you are behind the curve if you have not been tested.



2. All persons with bleeding disorders diagnosed with hepatitis C “should be treated by December 2017.” Have you?

Currently available medicines for treating chronic hepatitis C are as follows:

- **Sovaldi** (sofosbuvir): Once daily pill. Treats genotypes 1 (the most common HCV genotype in the US), 2, 3, and 4. 12-24 week treatment depending on genotype and physician recommendation. Genotypes 1 and 4 often used in conjunction with interferon and ribavirin. Genotypes 2 and 3 treated interferon free. 91% cure rate in clinical trials.
- **Harvoni** (ledipasvir/sofosbuvir): Once daily pill. Treats genotype 1, 4, 5, and 6. Interferon free. 12-week treatment. Sometimes used in combination with ribavirin, especially for persons with cirrhosis and/or liver transplant. 94% cure rate in clinical trials.
- **Olysio** (simeprevir): 1x daily pill used with sofosbuvir. Treats genotype 1. Interferon free. 12 weeks. 94% cure rate in clinical trials.
- **Viekira Pak** (ombitasvir/paritaprevir/ritonavir; dasabuvir) or Viekira XR (single pill): 1 x daily pill. Treats genotype 1. Interferon free. Approved for persons co-infected with HIV and/or those with liver transplant. 12 weeks. 97% cure rate in clinical trials.
- **Technivie** (ombitasvir/paritaprevir/ritonavir): 1x daily pill with ribavirin. Treats genotype 4 for person without cirrhosis. Interferon free. 12



weeks. 100% cure rate in clinical trials.

- **Daklinza** (daclatasvir): 1x daily pill with sofosbuvir (and sometimes with ribavirin). Treats genotypes 1 and 3. Interferon free. 12 weeks. 98% cure rate for treatment-naive without cirrhosis; 58% cure rate for treatment-naive with cirrhosis; 92% cure rate for treatment-experienced without cirrhosis; 69% cure rate for treatment-experienced with cirrhosis.
- **Zepatier** (elbasvir/grazoprevir): 1x daily pill. Treats genotypes 1 and 4. Interferon free. Approved for persons with cirrhosis and/or co-infected with HIV. Also approved for those with kidney disease and/or on dialysis. 12-16 weeks. 94%-97% cure rate in genotype 1; 97-100% cure rate in genotype 4 in clinical trials.
- **Eplusa** (sofosbuvir/velpatasvir): 1x daily pill. Treats genotypes 1, 2, 3, 4, 5 and 6. Interferon free. 12-24 weeks. 98% cure rate without cirrhosis; 83%-86% cure rate with cirrhosis; 94% cure rate with cirrhosis with ribavirin.
- **Mavyret** (glecaprevir/pibrentasvir) (Pending availability): 1x daily pill. Treats genotypes 1, 2, 3, 4, 5, and 6. Interferon free. Approved for persons with mild cirrhosis and those on dialysis. 8-16 weeks. 92%-100% cure rate.

This call to action is something you can do to save and prolong your life. Please listen. And please, let us help.

For more information or to sign up for step-by-step support to live HCV free, visit www.matrixhealthgroup.com/hcv or call our Corporate office toll free 877-337-3002.

If you have, or are suffering from hepatitis C and would like to share your story in Matrix Health Group News, please send it to Maria Vetter, Editor in Chief, for consideration: maria.vetter@matrixhealthgroup.com. We look forward to hearing from you!