**Supplementary Materials**

*Independent Ethics Committees*

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**Change in MELD and CP Scores**

At follow-up week (FW) 12, 12/29 (41.4%) participants with Child-Pugh class B (CP-B) cirrhosis experienced an improvement in Model for End-Stage Liver Disease (MELD) score (1- point improvement, *n* = 5; 2-point, *n* = 4; 3-point, *n* = 3), 11 (37.9%) had no change, and 6 (20.7%) had a worsening in MELD score (1-point, *n* = 5; 6-point, *n* = 1). The participant with the6-point worsening had a baseline Child-Pugh (CP) score of 9 and a history of ascites requiring paracentesis, encephalopathy, and portal hypertension. This participant underwent a transjugular intrahepatic portosystemic shunt for refractory ascites shortly after completing treatment. At the routine follow-up visits, anemia and increased bilirubin were both noted, as well as an elevated international normalized ratio (INR). By FW24, the MELD score in this participant had returned to baseline. At FW24, the majority of participants (17/29; 58.6%) experienced an improvement in MELD score from baseline (Supplementary Fig. 1A). One participant had a 13-point worsening at FW24 compared with baseline, although at FW12 there had been no change in the MELD score from baseline. Shortly after FW12, this participant was diagnosed with primary hepatocellular carcinoma and underwent radioembolization; after the embolization, the participant was started on warfarin, resulting in an increased INR, which contributed to the increase in MELD score. Laboratory values at FW12 and FW24 in this participant were alanine aminotransferase (ALT) 35 and 33 IU/L; aspartate aminotransferase (AST) 68 and 65 IU/L; alkaline phosphatase 165 and 182 IU/L; total bilirubin 1.53 and 1.32 mg/dL; INR 1.3 and 4.4; platelet count 73 and 73 ×103 cells/µL. Overall, participants with CP-B cirrhosis had a mean change in MELD score from baseline to FW24 of −0.34 (standard deviation: 1.35), with a range of −4.0 to 13.0.

At FW12, 20/29 (69.0%) participants with CP-B cirrhosis had improvements in the CP score compared with baseline (1-point improvement, *n* = 15; 2-point, *n* = 4; 3-point, *n* = 1), 7 participants had no change, and 2 participants had a 1-point worsening. At FW24, 18/29 (62.1%)

participants had improved CP scores compared with baseline, with improvements ranging from 1 to 3 points (Supplementary Fig. 1B). The mean change in CP score in the participants with CP-B cirrhosis from baseline to FW24 was −0.76 (standard deviation: 1.18), with a range of −3.0 to 2.0.

**Supplementary Table 1.** Pharmacokinetics

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| **Variable** | **Geometric mean ratio (90% CI)**  **CP-B participants (*n* = 9; GZR 50 mg)/**  **non-cirrhotic participants**  **(*n* = 9, GZR 100 mg)** |
| **Grazoprevir**  **C2h C24h Cmax AUC0-24** | 1.06 (0.53–2.11)  1.71 (0.87–3.33)  1.15 (0.58–2.28)  1.25 (0.70–2.24) |
| **Elbasvir**  **C2h C24h Cmax**  **AUC0‒24** | 0.93 (0.64–1.33)  1.04 (0.67–1.60)  0.80 (0.59–1.09)  0.90 (0.63–1.29) |

*AUC0‒24* area under the curve between 0 and 24 hours, *C2h* concentration at 2 hours after dosing,

*C24h* concentration at 24 hours after dosing, *Cmax* maximum concentration, *CI* confidence interval, *CP-B* Child-Pugh class B, *EBR* elbasvir, *GZR* grazoprevir.

