BRING THIS TO YOUR DOCTOR · GREY PEPTIDES

Bulevirtide

Also called: Hepcludex; Myrcludex B; myrcludex

What it is

A first-in-class entry inhibitor that blocks NTCP, the liver-cell receptor for hepatitis B and D viruses. Approved in Europe and, since May 22, 2026, in the US as Hepcludex for chronic hepatitis D, at 8.5 mg once daily.

Approval status

FDA Approved. Approved in the US as Hepcludex (bulevirtide), BLA 761468, on May 22, 2026, for chronic hepatitis D virus infection in adults without cirrhosis or with compensated cirrhosis (Drugs@FDA via openFDA and the Hepcludex label, read October 2, 2026).

Dosing, as printed in the page's Recommended Dosing box

Manufacturer's recommended dosing (FDA label)

From the prescribing information. Other doses studied, if any, are in the full dosing data below.

Protocol and source	Dose	Frequency	Duration	Route
Label: chronic hepatitis D, adults without cirrhosis or with compensated cirrhosis **[Approved label]** Hepcludex (bulevirtide) for injection US prescribing information (Gilead Sciences; DailyMed set 12391cc2, effective May 22, 2026)	8.5 mg	Once daily	Continued while associated with a response; optimal duration unknown	Subcutaneous

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 12 human studies carded on the page (13 study cards in all):

• **First patients: myrcludex B, peginterferon or both, 24 patients** (Human, 2016). Twenty-four people with chronic hepatitis D took myrcludex B, peginterferon or both for 24 weeks. HDV RNA fell in all groups and became undetectable in 2, 2 and 5 patients; no serious adverse events occurred. **PMID 27132170**

• **MYR301: phase 3, 150 patients, week 48** (Human, 2023). Combined response at 48 weeks: 45% on 2 mg, 48% on 10 mg, 2% untreated. HDV RNA was undetectable in 12% and 20% of the dose groups, and ALT normalized in 51% and 56% against 12%. **PMID 37345876**

• **MYR301 at week 96** (Human, 2024). 143 of 150 patients completed 96 weeks. Responses held or improved; 43% of week-24 non-responders and 82% of partial responders reached a virologic response by week 96. **PMID 38734383**

Interactions

Human interaction studies found on PubMed (search of October 3, 2026):

• With pravastatin (OATP1B1 substrate): at high-dose bulevirtide steady state, pravastatin AUC rose 1.32-fold (PMID 37089922)

• With tenofovir disoproxil: no relevant change in tenofovir pharmacokinetics; CYP3A activity fell 29% during combination; plasma bile acids rose 19-fold (PMID 28543042)

Side effects and cautions

Reported side effects	Contraindications and cautions
• Raised total bile acids in about one in five treated patients (pooled data) • Injection-site reactions and headache in roughly one in six • Serious liver flares after stopping in 14% of MYR301 patients, most of which resolved	• Boxed warning: severe flares of hepatitis D and B after treatment stops, especially with cirrhosis • Hypersensitivity reactions, including anaphylaxis • Not evaluated in end-stage kidney disease or dialysis • Tested athletes — see the Sport (WADA) row below

Five questions to ask

1. Is Bulevirtide right for me, and is the labelled dose on this sheet right for my weight, age, kidney and liver function?
2. Here are the medicines and supplements I take. Do any of them interact with Bulevirtide? This sheet lists the interactions on record.
3. Which side effects should make me stop and call you, for example raised total bile acids in about one in five treated patients?
4. Do any of the cautions on this sheet apply to me, such as: Boxed warning: severe flares of hepatitis D and B after treatment stops, especially with cirrhosis?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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