Sofovir-C®

Sofosbuvir
Tablets

Description

Sofosbuvir is a nucleotide analog inhibitor of HCV NS5B polymerase. Sofosbuvir is a direct-acting antiviral agent against the hepatitis C virus. It is absorbed with a peak plasma concentration observed at 0.5-2 hour post-dose, regardless of dose level. Sofosbuvir is bound approximately 61-65% to human plasma proteins and is extensively metabolized in the liver.

Indications

Sofosbuvir is indicated for the treatment of chronic hepatitis C (CHC) infection as a component of a combination antiviral treatment regimen. Sofosbuvir efficacy has been established in subjects with HCV genotype 1, 2, 3 or 4 infection, including those with hepatocellular carcinoma meeting Milan criteria (awaiting liver transplantation) and those with HCV/HIV-1 co-infection.

Dosage and Administration

The recommended dose of Sofosbuvir is one 400 mg tablet, taken orally, once daily with or without food in the morning. Sofosbuvir should be used in combination with Ribavirin or in combination with Pegylated interferon and Ribavirin for the treatment of CHC in adults. The recommended regimen and treatment duration for Sofosbuvir combination therapy is provided in following table.

Recommended Regimens and Treatment Duration for Sofosbuvir Combination Therapy in HCV Mono-infected and HCV/HIV-1 Co-infected Patients

	Treatment	Duration
Patients with genotype 1 or 4 CHC	Sofosbuvir + Peginterferon alfa+ Ribavirin	12 weeks
Patients with genotype 2 CHC	Sofosbuvir + Ribavirin	12 weeks
Patients with genotype 3 CHC	Sofosbuvir + Ribavirin	24 weeks

• Dose of Ribavirin is weight-based (<75 kg = 1000 mg and ≥75 kg = 1200 mg). The daily dose of Ribavirin is administered orally in two divided doses with food. Patients with renal impairment (CrCl ≤ 50 mL/min) require Ribavirin dose reduction.

Contraindication

When Sofosbuvir is used in combination with Ribavirin or Peginterferon alfa/Ribavirin, the contraindications applicable to those agents are applicable to combination therapies. Sofosbuvir combination treatment with Ribavirin or peginterferon alfa/Ribavirin is contraindicated in women who are pregnant or may become pregnant and men whose female partners are pregnant because of the risks for birth defects and fetal death associated with Ribavirin.

Adverse Reactions

The most common adverse events (≥ 20%) observed with Sofosbuvir in combination with ribavirin were fatigue and headache.

The most common adverse events (≥ 20%) for Sofosbuvir, peginterferon alfa and Ribavirin combination therapy were fatigue, headache, nausea, insomnia and anemia.

Less common adverse reactions (<1%):

The following ADRs occured in <1% of subjects receiving Sofosbuvir in combination regimen.

Hematologic effects: pancytopenia (particularly in subjects receiving concomitant Pegylated Interferon).

Psychiatric disorders: severe depression (particularly in subjects with pre-existing history of psychiatric illness), including suicidal ideation and suicide.

Warnings and Precautions

Bradycardia with amiodarone co-administration: Serious symptomatic bradycardia may occur in patients taking amiodarone and Sofosbuvir in combination with another direct acting antiviral (DAA), particularly in patients also receiving beta blockers, or those with underlying cardiac comorbidities and/or advanced liver disease. Co-administration of amiodarone with Sofosbuvir in combination with another DAA is not recommended. In patients without alternative, viable treatment options, cardiac monitoring is recommended.

Pregnancy Category

Pregnancy Category X: Use with Ribavirin or Peginterferon alfa/Ribavirin

Extreme caution must be taken to avoid pregnancy in female patients and female partners of male patients while taking this combination. Women of childbearing potential and their male partners should not receive Ribavirin unless they are using two forms of effective contraception during treatment with Ribavirin and for 6 months after treatment has concluded. Ribavirin may cause birth defects and/or death of the exposed fetus and

animal studies have shown that interferons have abortifacient effect. Extreme care must be taken to avoid pregnancy in female patients and in female partners of male patients.

Pregnancy Category B: Sofosbuvir

There are no adequate and well-controlled studies with Sofosbuvir in pregnant women.

Nursing Mothers: It is not known whether Sofosbuvir and its metabolites are present in human breast milk.

Pediatric Use: Safety and effectiveness of Sofosbuvir in children less than 18 years of age have not been established.

Geriatric Use: No dose adjustment of Sofosbuvir is warranted in geriatric patients.

Drug Interaction

Coadministration of amiodarone with Sofosbuvir in combination with another DAA (direct acting antiviral) may result in serious symptomatic bradycardia.

Drugs that are potent intestinal P-gp inducers (e.g., rifampin, St. John's wort) may alter the concentrations of Sofosbuvir.

Coadministration of Sofosbuvir with carbamazepine, phenytoin, phenobarbital or oxcarbazepine is expected to decrease the concentration of Sofosbuvir

Overdose

The highest dose of Sofosbuvir is a single dose of Sofosbuvir 1200 mg. No specific antidote is available for overdose treatment. Treatment of overdose with Sofosbuvir consists of general supportive measures including monitoring of vital signs as well as observation of the clinical status of the patient.

Pharmaceutical Precautions

Keep out of the reach of children. Keep in a cool & dry place. Protect from light.

Commercial Pack

Sofovir-C® tablet: Each bottle contains 14 tablets. Each film coated tablet contains Sofosbuvir INN 400 mg.

BEXIMCO PHARMA

Manufactured by

BEXIMCO PHARMACEUTICALS LTD.

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