Precautions

Pregnancy: If Ribavirin is used with this combination it may cause birth defects and fetal death and animal studies have shown interferons have abortifacient effects; avoid pregnancy in female patients and female partners of male patients. Patients must have a negative pregnancy test prior to initiating therapy, use at least 2 effective non-hormonal methods of contraception and have monthly pregnancy tests.

Pregnancy

Pregnancy Category B

Daclatasvir: No data with Daclatasvir in pregnant women are available to inform a drug-associated risk. In animal reproduction studies in rats and rabbits, no evidence of fetal harm was observed with oral administration of Daclatasvir during organogenesis at doses that produced exposures up to 6 times the human exposure, respectively; the recommended human dose (RHD) of 60 mg. However, embryolethality was observed in rats and rabbits at maternally toxic doses that produced exposures of 33 and 98 times the human exposure, respectively, at the RHD of 60 mg. Consider the benefits and risks of Daclatasvir when prescribing Daclatasvir to a pregnant woman.

Nursing Mothers

It is not known whether Sofosbuvir and its metabolites are present in human breast milk. The predominant circulating metabolite GS-331007 was the primary component observed in the milk of lactating rats, without effect on nursing pups. Because of the potential for adverse reactions from the drug in nursing infants, a decision must be made whether to discontinue nursing or discontinue treatment with ribavirin-containing regimens, taking into account the importance of the therapy to the mother.

No information regarding the presence of Daclatasvir in human milk, the effects on the breastfed infant or the effects on milk production is available. Daclatasvir is present in the milk of lactating rats. The development and health benefits of breastfeeding should be considered along with the mother's clinical need for Daclatasvir.

Pediatric Use

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

Sofosbuvir and Daclatasvir combination in children less than 18 years of age have not been established.

Geriatric Use

Sofosbuvir was administered to 90 subjects aged 65 and over. The response rates observed for subjects over 65 years of age were similar to that of younger subjects across treatment groups. No dosage adjustment of Sofosbuvir is warranted in geriatric patients.

Sofosbuvir is generally safe and well tolerated in patients above 65 years of age. No dosage adjustments are necessary for patients aged 65 years and older. No specific antidote is available for overdose with Sofosbuvir. If overdose occurs the patient must be monitored for evidence of toxicity. 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. A 4-hour hemodialysis session removed 18% of the administered dose.

There is no known antidote for overdose with Daclatasvir. Treatment of overdose with Daclatasvir should consist of general supportive measures, including monitoring of vital signs and observation of the patient’s clinical status. Because Daclatasvir is highly protein bound (>99%), dialysis is unlikely to significantly reduce plasma concentrations of the drug.

Overdose

The highest documented dose of Sofosbuvir was a single supertherapeutic dose of Sofosbuvir 1200 mg administered to 59 healthy subjects. In that trial, there were no untoward effects observed at this dose level, and adverse events were similar in frequency and severity to those reported in the placebo and Sofosbuvir 400 mg treatment groups. The effects of higher doses are not known.

No specific antidote is available for overdose with Sofosbuvir. If overdose occurs the patient must be monitored for evidence of toxicity. 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. A 4-hour hemodialysis session removed 18% of the administered dose.

There is no known antidote for overdose with Daclatasvir. Treatment of overdose with Daclatasvir should consist of general supportive measures, including monitoring of vital signs and observation of the patient’s clinical status. Because Daclatasvir is highly protein bound (>99%), dialysis is unlikely to significantly reduce plasma concentrations of the drug.

PHARMACEUTICAL INFORMATION

Storage Conditions

Store in a cool and dry place, away from light. Keep out of the reach of children.

Packaging & Presentation

Darvoni Tablets: Each commercial box contains 1 X 6’s tablets in Alu-Alu blister pack.

Manufactured in

BEACON

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