Velpacee (Velpatasvir and Sofosbuvir) Innerleaf design Revise

Color: Pantone 185 C & Metallic Coated 8483 C L - 195 mm X W - 255 mm

Velpacee™

Velpatasvir & Sofosbuvir

Jenphar Bangladesh | جنفار بنغلاديش

Composition:
Velpacee tablet: Each film coated tablet contains Velpatasvir INN 100 mg and Sofosbuvir INN 400 mg.

Pharmacology:
Velpacee is a fixed-dose combination tablet containing Velpatasvir INN and Sofosbuvir INN for oral administration. Velpatasvir INN is an NS5A inhibitor and Sofosbuvir INN is a nucleotide analog HCV NS5B polymerase inhibitor.

Indication:
Velpacee is indicated for the treatment of adult patients with chronic hepatitis C virus (HCV) genotype 1, 2, 3, 4, 5 or 6 infection :
• without cirrhosis or with compensated cirrhosis
• with decompensated cirrhosis

Dose & administration:
Recommended dose & route of administration
The recommended dosage of Velpacee is one tablet taken orally once daily with or without food.
Table 1: Recommended Treatment Regimen in Patients with Genotype 1, 2, 3, 4, 5, or 6 HCV

Patient Population	Treatment Regimen and Duration
Patients without cirrhosis and patients with compensated cirrhosis (Child-Pugh A)	**Velpacee** 12 weeks
Patients with decompensated cirrhosis (Child-Pugh B or C)	**Velpacee** + Ribavirin* 12 weeks

* *When administered with Velpacee, the recommended dosage of Ribavirin is based on weight (administered with food): 1000 mg per day for patients less than 75 kg and 1200 mg for those weighing at least 75 kg, divided and administered twice daily.*

Dosing for Pediatric Patients 3 Years and Older with Genotype 1, 2, 3, 4, 5, or 6 HCV:

Body Weight	Dosing of Velpacee
Less than 17 kg	150 mg/37.5 mg per day (N/A)
17 to less than 30 kg	200 mg/50 mg per day (half tablet daily)
At least 30 kg	400 mg/100 mg per day (one tablet daily)

No dosage recommendations in severe renal impairment and end stage renal disease
No dosage recommendation can be given for patients with severe renal impairment (estimated Glomerular Filtration Rate [eGFR] less than 30 ml/min/1.73 m^2) or with end stage renal disease (ESRD).

Contra-indication:
Velpacee and Ribavirin combination regimen is contraindicated in patients for whom Ribavirin is contraindicated.

Warning and precaution:
Serious symptomatic bradycardia when Sofosbuvir is coadministered with Amiodarone and another HCV direct-acting antiviral
Postmarketing cases of symptomatic bradycardia and cases requiring pacemaker intervention have been reported when Amiodarone is coadministered with Sofosbuvir in combination with Daclatasvir or Simeprevir. A fatal cardiac arrest was reported in a patient taking Amiodarone who was coadministered a Sofosbuvir-containing regimen (ledipasvir/Sofosbuvir). Bradycardia has generally occurred within hours to days, but cases have been observed up to 2 weeks after initiating HCV treatment. Bradycardia generally resolved after discontinuation of HCV treatment. The mechanism for this effect is unknown.
Coadministration of Amiodarone with Velpacee is not recommended. For patients taking Amiodarone who have no other alternative viable treatment options and who will be coadministered Velpacee:
• Counsel patients about the risk of symptomatic bradycardia
• Cardiac monitoring in an in-patient setting for the first 48 hours of coadministration is recommended, after which outpatient or self-monitoring of the heart rate should occur on a daily basis through at least the first 2 weeks of treatment
Patients who are taking Velpacee who need to start Amiodarone therapy due to no other alternative viable treatment options should undergo similar cardiac monitoring as outlined above.
Due to Amiodarone's long half-life, patients discontinuing Amiodarone just prior to starting Velpacee should also undergo similar cardiac monitoring as outlined above. Patients who develop signs or symptoms of bradycardia should seek medical evaluation immediately. Symptoms may include near-fainting or fainting, dizziness or lightheadedness, malaise, weakness, excessive tiredness, shortness of breath, chest pains, confusion or memory problems.
Risk of Reduced Therapeutic Effect Due to Concomitant Use of Velpacee with Inducers of P-gp and/or Moderate to Potent Inducers of CYP
Drugs that are inducers of P-gp and/or moderate to potent inducers of CYP2B6, CYP2C8, or CYP3A4 (e.g., Rifampin, St. John's Wort, Carbamazepine) may significantly decrease plasma concentrations of Sofosbuvir and/or Velpatasvir, leading to potentially reduced therapeutic effect of Velpacee. The use of these agents with Velpacee is not recommended.

Side Effects:
The following serious adverse reactions are described below and elsewhere in labeling:
• Serious symptomatic bradycardia when Sofosbuvir is coadministered with Amiodarone and another HCV direct-acting antiviral.
The most common adverse reactions observed with treatment with Velpatasvir/Sofosbuvir for 12 weeks are headache and fatigue.
The most common adverse reactions observed with treatment with Velpatasvir/Sofosbuvir and Ribavirin for 12 weeks in patients with decompensated cirrhosis are fatigue, anemia, nausea, headache, insomnia, and diarrhea.

Use in Specific Populations:
Pregnancy
If Velpacee is administered with Ribavirin, the combination regimen is contraindicated in pregnant women and in men whose female partners are pregnant.
Lactation
It is not known whether the components of Velpacee and its metabolites are present in human breast milk, affect human milk production, or have effects on the breastfed infant.
Pediatric Use
Safety and effectiveness of Velpacee have not been established in pediatric patients.
Geriatric Use
No dosage adjustment of Velpacee is warranted in geriatric patients.
Renal Impairment
No dosage adjustment of Velpacee is required for patients with mild or moderate renal impairment.
Hepatic Impairment
No dosage adjustment of Velpacee is required for patients with mild, moderate, or severe hepatic impairment (Child-Pugh Class A, B, or C).

Drug Interaction:
Potential for other drugs to affect Velpacee
Velpatasvir and Sofosbuvir are substrates of drug transporters P-gp and BCRP. Drugs that are inducers of P-gp and/or moderate to potent inducers of CYP2B6, CYP2C8, or CYP3A4 (e.g., Rifampin, St. John's Wort, Carbamazepine) may decrease plasma concentrations of Sofosbuvir and/or Velpatasvir, leading to reduced therapeutic effect of Velpacee. The use of these agents with Velpacee is not recommended. Velpacee may be coadministered with P-gp, BCRP, and CYP inhibitors.
Potential for Velpacee to affect other drugs
Velpatasvir is an inhibitor of drug transporters P-gp, breast cancer resistance protein (BCRP), OATP1B1, OATP1B3, and OATP2B1. Coadministration of Velpacee with drugs that are substrates of these transporters may increase the exposure of such drugs.

Overdose:
No specific antidote is available for overdose with Velpacee. If overdose occurs the patient must be monitored for evidence of toxicity. Treatment of overdose with Velpacee consists of general supportive measures including monitoring of vital signs as well as observation of the clinical status of the patient. Hemodialysis can efficiently remove the predominant circulating metabolite of Sofosbuvir, GS-331007. Hemodialysis is unlikely to result in significant removal of Velpatasvir since Velpatasvir is highly bound to plasma protein.

Storage:
Store in a cool and dry place below 30°C, protect from light. Keep out of the reach of children.

Packing:
VelpaceeTablet: Each box contains 7 film coated tablets and one packet silica gel in a sealed HDPE container.

Manufactured by:
Jenphar Bangladesh Ltd.
Sreepur, Gazipur, Bangladesh

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