

1152 sofosbuvir

T waves, depressed ST segments, prolonged QT and widening QRS complex

- Bowel function daily; note consistency of stools, times/day
- **Hypotension:** confusion, irritability, muscular pain, weakness
- **Electrolytes:** serum potassium, calcium, magnesium, sodium; acid-base balance
- I&O ratio, weight daily; crackles, dyspnea, jugular venous distention, edema
- **Digoxin toxicity** (nausea, vomiting, blurred vision, anorexia, dysrhythmias) in those receiving digoxin

Evaluate:

- Therapeutic response: potassium level 3.5-5 mg/dL

Teach patient/family:

- About reason for medication and expected results
- To follow a low-potassium diet, provide sample diet
- To avoid laxatives, antacids, electrolyte-based products unless approved by prescriber

sofosbuvir

(soe-fos'bue-vir)

Sovaldi

Func. class.: Antiviral, antihepatitis agent

Chem. class.: Nucleotide analog polymerase inhibitor

ACTION: Inhibits hepatitis C virus RNA polymerase by incorporating the polymerase into the viral RNA; also acts as a chain terminator

USES: Chronic hepatitis C (genotypes 1, 2, 3, 4) with compensated liver disease

CONTRAINDICATIONS: Hypersensitivity, pregnancy in combination; male-mediated teratogenicity

Precautions: Breastfeeding, children, hepatic/renal disease

Black Box Warning: Hepatitis B exacerbation

DOSAGE AND ROUTES

Chronic hepatitis C

Genotype 1, 4

- **Adult: PO** 400 mg daily with peginterferon alfa and ribavirin \times 12 wk; may consider use for genotype 1 with only ribavirin \times 24 wk

Chronic hepatitis C

Genotype 2

- **Adult: PO** 400 mg daily with ribavirin \times 12 wk

Chronic hepatitis C

Genotype 3

- **Adult: PO** 400 mg daily with ribavirin or daclatasvir \times 24 wk

Chronic hepatitis C with hepatocellular carcinoma in those waiting for liver transplant

- **Adult: PO** 400 mg daily with ribavirin \times 48 wk or until transplant

Available forms: Tabs 400 mg

Administer:

- By mouth without regard to food
- Do not use as monotherapy
- Do not crush, break tabs

SIDE EFFECTS

CNS: Headache, chills, weakness, fatigue, fever, insomnia

GI: Diarrhea, hyperbilirubinemia

MISC: Rash, pruritus, **neutropenia**, anemia, myalgia

PHARMACOKINETICS

PO: Peak $\frac{1}{2}$ -2 hr, excreted by kidneys 80%, 61%-65% protein binding; half-life 0.4-27 hr

INTERACTIONS

Decrease: sofosbuvir-P-glycoprotein (P-gp) inducers (carbamazepine, PHE-Nobarbital, phenytoin, rifampin); OXcarbazepine, rifabutin, rifapentine, tipranavir; avoid concurrent use

Increase: bradycardia—amiodarone; avoid using together

Increase: sofosbuvir level—carvedilol, cobicistat

Drug/Herb

Decrease: sofosbuvir level—St. John's wort; do not use together