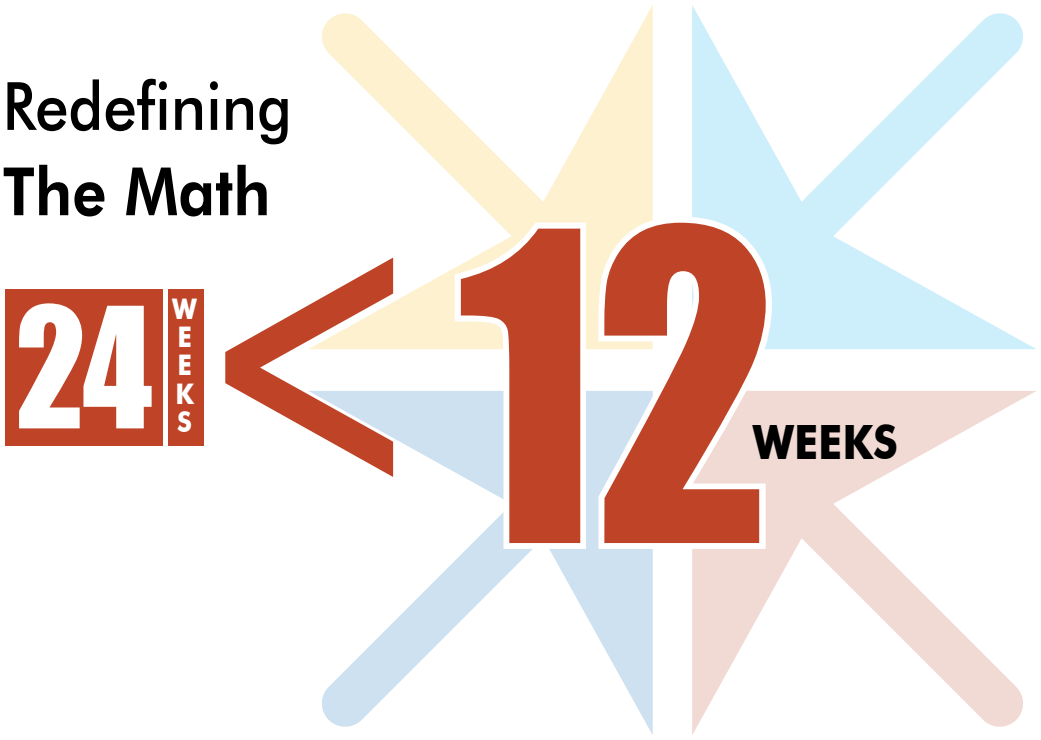
Redefining
The Math



Daclavir

Daclatasvir 60 mg Tablet

The less the better

Hepatitis C; the most notorious of all hepatitis infections, has becoming a world threat due to its high morbidity and mortality rate. Moreover, with the prevalence of different genotypes, Hepatitis C has made the treatment approach more complex due to their different response towards different genotypes.

Current available oral options are not able to provide short treatment duration for all the genotypes. Moreover, low SVR12 rate and severe adverse reactions have created the necessity of an effective pangenotypic oral option with lesser treatment duration and better affordability.

BEACON Pharma introduces

Daclavir

Daclatasvir 60 mg Tablet

The less the better

Daclatasvir has revolutionized the concept of Hepatitis C management by offering Ribavirin and Peg interferon free treatment option for all the available genotypes of Hepatitis C. Daclatasvir is an inhibitor of HCV nonstructural protein 5A (NS5A).

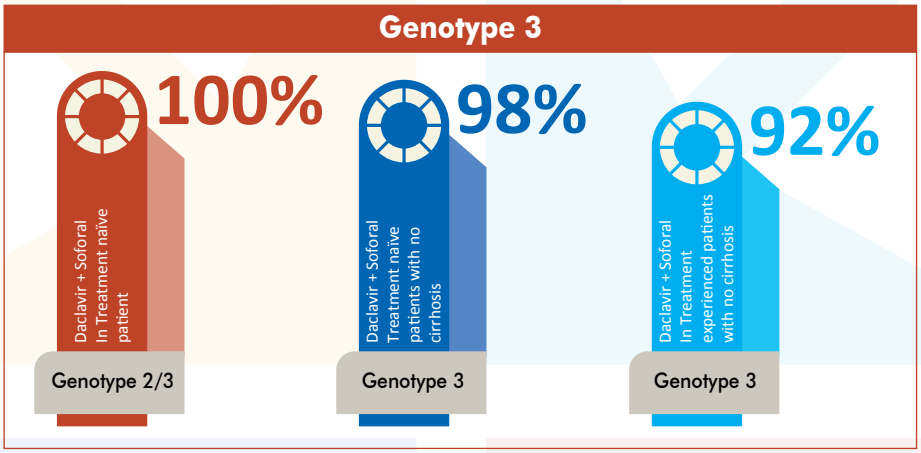
An advantage of Daclatasvir is that it is active against multiple HCV genotypes (known as 'pangenotypic') while Ledipasvir is primarily active only against genotype 1.[1] This is important because in Bangladesh genotype-3 is the most prominant (more than 50%) form of Hepatitis C.[2]

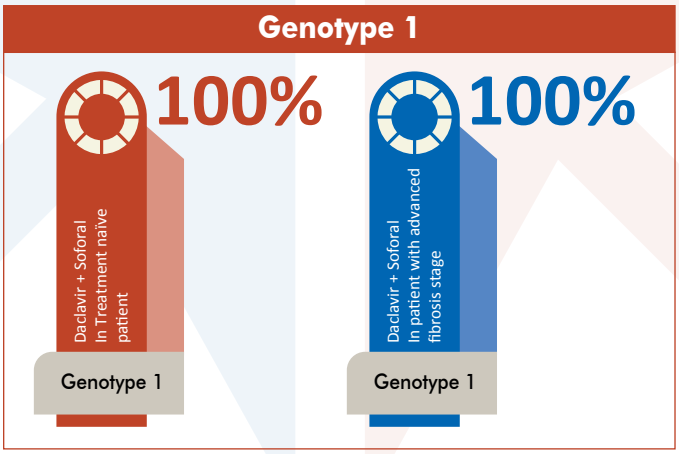
Daclavir

Daclatasvir 60 mg Tablet

The less the better

Daclavir offers an outstanding clinical efficacy in various genotypes of Hepatitis C[3,4,5]





Daclavir provides superior efficacy against all the genotypes of Hepatitis C

Daclavir

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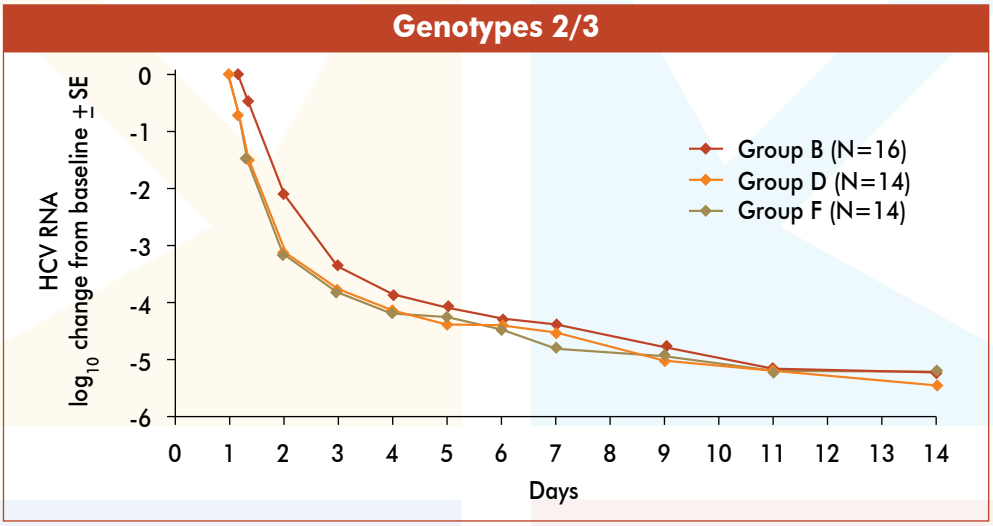
Daclavir shows effective reduction of mean HCV RNA within 2 weeks[4,5]



Daclavir provides rapid improvement of mean HCV RNA

Daclavir offers a cost effective treatment option in the fight against Hepatitis C

Peg-Interferon (12 Weeks)	1.17 Lacs
Daclavir (12 Weeks)	0.25 Lacs

* Price of Sofosbuvir has been excluded from the both regimen

More than **78%** Expense reduction

Daclavir is the most affordable treatment option

Daclavir

Daclatasvir 60 mg Tablet

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Daclatasvir is strongly recommended by the EASL and USFDA[6]

Daclavir (Daclatasvir) & Sofosbuvir (Sofosbuvir)

	G-1a	G-1b	G-2	G-3	G-4	G-5 and G-6
Treatment naïve and PI failed patients (No Cirrhosis)	12 W Without RBV	12 W Without RBV	12 W Without RBV	**12 W Without RBV**	12 W Without RBV	12 W Without RBV
Treatment naïve and PI failed patients (compensated Cirrhosis)	12 W with RBV, or 24 W without RBV		12 W Without RBV	**24 W With RBV**	12 W with RBV, or 24 W without RBV	12 W with RBV, or 24 W without RBV
Patients with decompensated cirrhosis (Child-Pugh B and Child-Pugh C, up to 12 points)	12 W With RBV					
Patients with decompensated cirrhosis (Child-Pugh B and Child-Pugh C, up to 12 points) When Ribavirin is contraindicated	24 W without RBV					

RBV = Ribavirin

Daclavir

Daclatasvir 60 mg Tablet

- Shortest treatment duration irrespective of all genotypes
- High tolerability and safety profile
- Superior efficacy in Hepatitis C genotype-3
- Studied in >13,000 patients[7]
- Recommended by EASL and FDA approved

Daclavir

Daclatasvir 60 mg Tablet

The less the better

Prescribing Information

COMPOSITION: Daclavir Tablet: Each film coated tablet contains Daclatasvir Dihydrochloride equivalent to Daclatasvir INN 60 mg. **PHARMACOLOGICAL INFORMATION: Therapeutic class:** Antiviral agent. **PHARMACOLOGICAL ACTION: Mechanism of Action:** Daclatasvir is a direct-acting antiviral agent (DAA) against the hepatitis C virus. **Pharmacodynamics:** Cardiac Electrophysiology: At a dose 3 times the maximum recommended dose, Daclatasvir does not prolong the QT interval to any clinically relevant extent. **Pharmacokinetics:** The pharmacokinetic properties of Daclatasvir were evaluated in healthy adult subjects and in subjects with chronic HCV. Administration of Daclatasvir tablets in HCV-infected subjects resulted in approximately dose-proportional increases in Cmax, AUC, and Cmin up to 60 mg once daily. Steady state is anticipated after approximately 4 days of once-daily Daclatasvir administration. Exposure of Daclatasvir was similar between healthy and HCV-infected subjects. **Specific Populations:** Renal Impairment: The pharmacokinetics of Daclatasvir following a single 60 mg oral dose was studied in non-HCV-infected subjects with renal impairment. Using a regression analysis, the predicted AUC of Daclatasvir was estimated to be 26%, 60% and 80% higher in subjects with creatinine clearance (CLcr) values of 60, 30, and 15 mL/min, respectively, relative to subjects with normal renal function (CLcr of 90 mL/min, defined using the Cockcroft-Gault CLcr formula) and Daclatasvir unbound AUC(0-inf) was predicted to be18%, 39% and 51% higher for subjects with CLcr values of 60, 30 and 15 mL/min, respectively, relative to subjects with normal renal function. Using observed data, subjects with end-stage renal disease requiring hemodialysis had a 27% increase in Daclatasvir AUC (0-inf) and a 20% increase in unbound AUC (0-inf) compared to subjects with normal renal function as defined using the Cockcroft-Gault CLcr formula. (0-inf) Daclatasvir is highly protein bound to plasma proteins and is unlikely to be removed by dialysis. Hepatic Impairment: The pharmacokinetics of Daclatasvir following a single 30 mg oral dose was studied in non-HCV-infected subjects with mild (Child-Pugh A), moderate (Child-Pugh B), and severe (Child-Pugh C) hepatic impairment compared to a corresponding matched control group. The Cmax and AUC of total Daclatasvir (free and protein-bound drug) were lower by 46% and 43%, respectively, in Child-Pugh A subjects; by 45% and 38%, respectively, in Child-Pugh B subjects; and by 55% and 36%, respectively, in Child-Pugh C subjects. The Cmax (0-inf) and AUC of unbound Daclatasvir were lower by 43% and 40%, respectively, in Child-Pugh A subjects; by 14% and 2%, respectively, in Child-Pugh B subjects; and by 33% and 5%, respectively, in Child-Pugh C subjects. Geriatric: Population pharmacokinetic analysis in HCV-infected subjects showed that within the age range (18-79 years) analyzed, age did not have a clinically relevant effect on the pharmacokinetics of Daclatasvir. Pediatric and Adolescent: The pharmacokinetics of Daclatasvir in pediatric patients has not been evaluated. Gender: Population pharmacokinetic analyses in HCV-infected subjects estimated that female subjects have a 30% higher Daclatasvir AUC compared to male subjects. This difference in Daclatasvir AUC is not considered clinically relevant. Race: Population pharmacokinetic analyses in HCV-infected subjects indicated that race had no clinically relevant effect on Daclatasvir exposure. **DOSAGE:** Recommended Dosage: The recommended dosage of Daclavir is 60 mg, taken orally, once daily in combination with Sofosbuvir for 12 weeks. Daclavir may be taken with or without food. **Side Effects:** The following serious adverse reactions are Headache 14 % (21), Fatigue 14 % (21), Nausea 8% (12) 8% (12), Diarrhea 5% (7). **Contraindications:** Daclatasvir is contraindicated in combination with drugs that strongly induce CYP3A and thus, may lead to lower exposure and loss of efficacy of Daclatasvir. **Drug interactions:** Potential for Other Drugs to Affect Daclavir: Daclatasvir is a substrate of CYP3A. Therefore, moderate or strong inducers of CYP3A may decrease the plasma levels and therapeutic effect of Daclatasvir. Strong inhibitors of CYP3A (e.g., Clarithromycin, Itraconazole, Ketoconazole, Ritonavir) may increase the plasma levels of Daclatasvir. Potential for Daclavir to Affect Other Drugs: Daclatasvir is an inhibitor of P-glycoprotein transporter (P-gp), organic anion transporting polypeptide (OATP) 1B1 and 1B3, and breast cancer resistance protein (BCRP). Administration of Daclavir may increase systemic exposure to medicinal products thatare substrates of P-gp, OATP 1B1 or 1B3, or BCRP, which could increase or prolong their therapeutic effect or adverse reactions. **Precautions :** Risk of Adverse Reactions or Loss of Virologic Response Due to Drug Interactions: The concomitant use of Daclavir and other drugs may result in known or potentially significant drug interactions, some of which may lead to -Loss of therapeutic effect of Daclavir and possible development of resistance, Dosage adjustments of concomitant medications or Daclavir, Possible clinically significant adverse reactions from greater exposures of concomitant drugs or Daclavir. **Pregnancy:** No data with Daclavir in pregnant women are available to inform a drug-associated risk. **Nursing Mothers:** No information regarding the presence of Daclavir in human milk, the effects on the breastfed infant, or the effects on milk production is available. **Pediatric Use:** Safety and effectiveness of Daclavir in children less than 18 years of age have not been established. **Geriatric Use:** Safety was similar across older and younger subjects and there were no safety findings unique to subjects 65 years and older. Sustained virologic response (SVR) rates were comparable among older and younger subjects. No dosage adjustment of Daclavir is required for elderly patients. Patients with Impaired Renal Function: No dosage adjustment of Daclaviris required for patients with any degree of renal impairment. Hepatic Impairment: No dosage adjustment of Daclavir is required for patients with mild (Child-Pugh A), moderate (Child-Pugh B), or severe (Child-Pugh C) hepatic impairment. Safety and efficacy of Daclavir have not been established in patients with decompensated cirrhosis. **Overdosage:** There is no known antidote for overdose of Daclavir. Treatment of overdose with Daclavir 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:** Daclatasvir tablet should be stored at dry and cool place; away from light and moisture. Keep all medicines away from children. **Presentation & Packaging: Daclavir Tablet:** Each commercial box contains 1x10's Tablets in blister pack.

BEACON Pharmaceuticals Limited
Light for life

Ref: **1.** http://www.infohep.org/Two-interferon-free-regimens-show-high-HCV-cure-rates-for-people-with-HIV-and-HCV-co-infection/page/2950517/ **2.** BSMMU J 2009; 2(1): 14-17 **3.** http://www.fda.gov **4.** N Engl J Med. 2014?370:211221. **5.** Daklinza (Daclatasvir) Summary of Product Characteristics. Aug 2014 **6.** EASL guideline 2014 **7.** Nelson DR et al. Hepatology 2015;61:1127-1135

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