

Sofosbuvir/Ledipasvir (Harvoni) Drug Interaction Chart

Drug Class	Key Drugs	Effect on Concentration	Comments
Acid Reducing Agents	antacids (e.g., aluminum and magnesium hydroxide)	↓ ledipasvir	Ledipasvir solubility decreases as pH increases. Drugs that increase gastric pH are expected to decrease concentration of ledipasvir. It is recommended to separate antacid and sofosbuvir/ledipasvir administration by 4 hours.
	H2-receptor antagonists (e.g., famotidine)		H2-receptor antagonists may be administered simultaneously with or 12 hours apart from sofosbuvir/ledipasvir at a dose that does not exceed doses comparable to famotidine 40 mg twice daily.
	proton-pump inhibitors (e.g., omeprazole)		Proton-pump inhibitor doses comparable to omeprazole 20 mg or lower or equivalent PPI doses can be administered simultaneously with sofosbuvir/ledipasvir under fasted conditions.
Antiarrhythmics	amiodarone	unknown	Coadministration of amiodarone with sofosbuvir/ledipasvir may result in serious symptomatic bradycardia: six deaths have been reported when co-administered along with beta-blockers and amiodarone. The mechanism of this effect is unknown. Coadministration of amiodarone with sofosbuvir/ledipasvir is not recommended.
	digoxin	↑ digoxin	Co-administration of sofosbuvir/ledipasvir with digoxin may increase the concentration of digoxin. Therapeutic concentration monitoring of digoxin is recommended when co-administered with sofosbuvir/ledipasvir.
Anticonvulsants	carbamazepine phenytoin phenobarbital oxcarbazepine	↓ ledipasvir ↓ sofosbuvir	Coadministration of sofosbuvir/ledipasvir with carbamazepine, phenytoin, phenobarbital, or oxcarbazepine or other 3A4 enzyme inducers is expected to decrease the concentration of ledipasvir and sofosbuvir, leading to reduced therapeutic effect of sofosbuvir/ledipasvir. Coadministration is not recommended.
Antimycobacterials	rifabutin rifampin rifapentine	↓ ledipasvir ↓ sofosbuvir	Coadministration of sofosbuvir/ledipasvir with rifabutin or rifapentine is expected to decrease the concentration of ledipasvir and sofosbuvir, leading to reduced therapeutic effect of sofosbuvir/ledipasvir. Coadministration is not recommended. Coadministration of sofosbuvir/ledipasvir with rifampin, a P-gp inducer, is not recommended.
Anti-HCV Agents	simeprevir	↑ ledipasvir ↑ simeprevir	Concentrations of ledipasvir and simeprevir are increased when simeprevir is coadministered with ledipasvir. Coadministration of sofosbuvir/ledipasvir with simeprevir is not recommended.
Herbal Supplements	St. John's wort (<i>Hypericum perforatum</i>)	↓ ledipasvir ↓ sofosbuvir	Coadministration of sofosbuvir/ledipasvir with St. John's Wort, a P-gp inducer is not recommended.
HMG-CoA Reductase Inhibitors	rosuvastatin	↑ rosuvastatin	Coadministration of sofosbuvir/ledipasvir with rosuvastatin may significantly increase the concentration of rosuvastatin which is associated with increased risk of myopathy, including rhabdomyolysis. Coadministration of sofosbuvir/ledipasvir with rosuvastatin is not recommended.