Pharmaceutical opinion : **Interaction between statins and anti-HCVs**

Patient : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After analyzing your patient's file, I noticed a problem with his medication.

**Elbasvir / Grazoprevir (Zepatier)**  and Atorvastatin (Lipitor)

**Interaction mechanism :** An increase in statins adverse effects may occur following co-administration with the anti-HCV drugs mentioned above. Statins are substrates of the hepatic P-gp, OATP1B1/1B3 and/or BCRP transporters that are inhibited by anti-HCVs.

***Elbasvir / Grazoprevir (Zepatier) and Atorvastatin***

Additional information:

Elbasvir/Grazoprevir (Zepatier) + Atorvastatin 20 mg die: ↑ 3-fold Atorvastatin AUC. The product monograph recommends not using more than 20 mg of Atorvastatin daily.

Possible therapeutic options (Atorvastatin):

**\* In combination with Elbasvir/Grazoprevir (Zepatier), no more than 20 mg of Atorvastatin daily is recommended. \***

* Suspend Atorvastatin during hepatitis C treatment \*From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*
* Decrease Atorvastatin dose to 20 mg DIE \*From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*
* Keep the same dose of Atorvastatin
* Decrease Atorvastatin dose to \_\_\_\_\_\_\_\_\_\_\_\_\_ \*From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*
* Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REN : \_\_\_\_\_\_\_

**Follow-up :** Adverse effects associated with lipid-lowering drugs: GI effects, myopathies (muscle fatigue/weakness, myalgia, muscle cramps) and rhabdomyolysis leading to renal failure.

Do not hesitate to contact us for additional information.  
In collaboration,

Pharmacist : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ Fax : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a prescription, date and sign:

Date : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Signature and licence : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_