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

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

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

**Glecaprevir/Pibrentasvir (Maviret)**  and Rosuvastatin (Crestor)

**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.

***Glecaprevir/Pibrentasvir (Maviret) and Rosuvastatin***

Additional information:

Glecaprevir/Pibrentasvir (Maviret) + Rosuvastatin 5 mg die: ↑ 2.2-fold Rosuvastatin AUC. The Canadian product monograph recommends not using more than 5 mg of Rosuvastatin daily. The US product monograph recommends instead a maximum dose of 10 mg daily.

Possible therapeutic options (Rosuvastatin):

**\* In combination with Glecaprevir/Pibrentasvir (Maviret), no more than 5 mg of Rosuvastatin daily is recommended. \***

* Suspend Rosuvastatin during hepatitis C treatment \*From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*
* Decrease Rosuvastatin dose to 5 mg DIE \*From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*
* Decrease Rosuvastatin 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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_