Pharmaceutical opinion : **Interaction between agents modifying the gastric pH and anti-HCVs**

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

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

**Sofosbuvir / Velpatasvir / Voxilaprevir (Vosevi)**  **and**

**Anti-H2 : famotidine (Pepcid), ranitidine (Zantac) or equivalent**

**Interaction mechanism :** Anti-H2s increase gastric pH. The solubility, absorption and plasma concentration of velpatasvir can be decreased. This can significantly reduce the effectiveness of some anti-HCVs.

***Sofosbuvir / Velpatasvir / Voxilaprevir (Vosevi) and anti-H2s******:***

Additional information:

A pharmacokinetic study with Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi) and Famotidine 40 mg taken at the same time or 12 hours after anti-HCV showed no significant decrease in AUC. According to the product monograph, it is therefore possible to combine Vosevi with famotidine 40 mg or equivalent if it is taken at the same time or 12 hours after the anti-HCV.

Possible therapeutic options : **Name of anti-H2** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*** **Recommended dosage: dose not exceeding 40 mg famotidine BID or equivalent \***

* Administer the anti-H2 at the same time and/or 12 hours after Sofosbuvir/Velpatasvir/ Voxilaprevir (Vosevi).
* Suspend the anti-H2 during hepatitis C treatment
\*From \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\*
* Decrease the dose of anti-H2 to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*From \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\* and
administer the anti-H2 at the same time and/or 12 hours after Sofosbuvir/Velpatasvir/ Voxilaprevir (Vosevi).
* Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REN :\_\_\_\_\_\_\_

**Follow-up :** Efficacy of anti-HCV treatment.

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

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

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

As a prescription, date and sign:

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