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**

**PPIs : lansoprazole (Prevacid), omeprazole (Losec), pantoprazole (Pantoloc) or equivalent**

**Interaction mechanism :** Proton Pump Inhibitors (PPIs) 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 PPIs******:***

Additional information:

Pharmacokinetic studies : Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi) + Omeprazole 20 mg

|  |  |  |
| --- | --- | --- |
| Administration (PPI) | 2 h ahfter the anti-HCV | 4 h after the anti-HCV |
| Velpatasvir AUC | ↓ 54 % | ↓ 51% |

According to the product monograph, PPIs at doses equivalent to omeprazole 20 mg can be administered with Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi).

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

**\*** **Recommended dosage: dose comparable to omeprazole 20 mg QD that is dexlansoprazole 30 mg; esomeprazole 20 mg ; lansoprazole 30 mg ; pantoprazole 40 mg; rabeprazole 20 mg \***

* Decrease the PPI dose to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*From \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\* .
* Stop the PPI. **\* Reevaluate the treatment indication with the PPI and if it can be stopped \***
* 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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_