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

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

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

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

**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.

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

Additional information:

Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi) + Pravastatin 40 mg die: ↑ 2.3-fold the AUC of Pravastatin. The product monograph does not recommend using more than 40 mg of Pravastatin daily.

Possible therapeutic options (Pravastatin):

**\* In combination with Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi) no more than 40 mg of Pravastatin daily is recommended. \***

* Suspend Pravastatin during hepatitis C treatment \*From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*
* Decrease Pravastatin dose to 40 mg DIE \*From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*
* Keep the same dose of Pravastatin
* Decrease Pravastatin 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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_