

Hepatitis C Direct-Acting Antiviral Concomitant Therapy Guide for Transplant Recipients

Recommendations reflect FDA-approved drug label except where noted otherwise

Patient specific risk/benefit considerations are to be assessed by the provider prior to medication adjustments

	Mavyret (glecaprevir/pibrentasvir)	Epclusa (sofosbuvir/velpatasvir)
GERD therapy¹		
Proton pump inhibitors (PPI) (omeprazole, pantoprazole, esomeprazole, lansoprazole)	PPI coadministration at max daily dose 20 mg per local practice ²	Coadministration not recommended IF medically necessary Epclusa should be taken 4 hours before omeprazole (at max daily dose 20 mg). Other PPIs have not been studied
H ₂ -receptor antagonists (ranitidine, famotidine)	No adjustment necessary	Administer simultaneously or 12 hours apart
Antacids (TUMS, Maalox)		Separate administration by 4 hours
Statin therapy³		
Atorvastatin (Lipitor)	Coadministration not recommended	No adjustment necessary
Lovastatin (Altoprev)		
Simvastatin (Zocor)		
Pravastatin (Pravachol)	Reduce dose by 50% when co-administered	Max dose 10 mg daily when co-administered
Rosuvastatin (Crestor)	Max dose 10 mg daily when co-administered	

¹ Drugs that increase gastric pH are expected to decrease concentration of velpatasvir and glecaprevir

² PPI coadministration reviewed at Liver QAPI (2/2019); team approved Mavyret with any PPI as long as PPI dose ≤ 20 mg/day

³ Coadministration may increase concentration of statin, increasing the risk of myopathy, including rhabdomyolysis