

Table 24: Statins (also see prescribing information)		
Class or Drug	Mechanism of Action	Clinical Comments
<ul style="list-style-type: none"> • NRTIs • Dolutegravir (DTG) • Bictegravir (BIC) • Cabotegravir (CAB) • Raltegravir (RAL) • Rilpivirine (RPV) • Doravirine (DOR) 	No significant interactions are expected.	No dose adjustments are necessary.
Elvitegravir (EVG), boosted	<ul style="list-style-type: none"> • Simvastatin, lovastatin: Boosted EVG greatly increases concentrations. • Atorvastatin, rosuvastatin: Boosted EVG may moderately increase concentrations. • Fluvastatin: Interaction has not been studied, but potential for moderate increase is possible. • Pitavastatin, pravastatin: Although moderate increases are possible, low doses are considered safe when used with boosted EVG. 	<ul style="list-style-type: none"> • Simvastatin, lovastatin: Concomitant use is contraindicated; may increase muscle aches and risk of rhabdomyolysis; choose alternative statin • Atorvastatin: <ul style="list-style-type: none"> – Avoid concomitant use of COBI and atorvastatin. – If atorvastatin use is necessary, do not exceed 20 mg per day. • Rosuvastatin: Use lowest effective dose and titrate carefully to achieve clinical effect; monitor closely for adverse effects. • Fluvastatin: Do not coadminister. If use is required, use lowest effective dose; monitor closely for safety and efficacy before increasing statin dose. • Pitavastatin, pravastatin: Use lowest effective doses of pitavastatin and pravastatin; monitor for signs of toxicity, including myopathy.
Atazanavir (ATV), boosted	<ul style="list-style-type: none"> • Simvastatin, lovastatin: Boosted ATV greatly increases concentrations. • Atorvastatin, rosuvastatin: Boosted ATV may moderately increase concentrations. • Fluvastatin: Interaction has not been studied, but potential for moderate increase is possible. • Pitavastatin, pravastatin: Although moderate increases are possible, low doses are considered safe when used with boosted PIs. 	<ul style="list-style-type: none"> • Simvastatin, lovastatin: Concomitant use is contraindicated due to potential for myopathy, including rhabdomyolysis. Consider using low doses of alternative statins less likely to be affected by boosted ATV use. • Atorvastatin: <ul style="list-style-type: none"> – Use with lowest effective doses; monitor closely for safety and efficacy before increasing statin dose. – Do not coadminister with COBI-boosted ATV due to increased risk of rhabdomyolysis and myopathy. • Rosuvastatin: <ul style="list-style-type: none"> – Use with lowest effective doses; monitor closely for safety and efficacy before increasing statin dose. – If use is necessary, do not exceed 10 mg per day.

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		<ul style="list-style-type: none"> • Fluvastatin: Do not coadminister. If use is required, use lowest effective dose; monitor closely for safety and efficacy before increasing statin dose. • Pitavastatin: Use at lowest effective dose. • Pravastatin: If use is necessary, use lowest effective dose, and monitor for signs of toxicity.
Darunavir (DRV), boosted	<ul style="list-style-type: none"> • Simvastatin, lovastatin: Boosted DRV greatly increases concentrations. • Atorvastatin, rosuvastatin: Boosted DRV may moderately increase concentrations. • Fluvastatin: Interaction has not been studied, but potential for moderate increase is possible. • Pravastatin: Although moderate increases are possible, low doses are considered safe when used with boosted PIs. • Pitavastatin: <ul style="list-style-type: none"> – Boosted DRV is less likely to interact compared to other statins. – When administered with RTV-boosted DRV, pitavastatin AUC is decreased by 26%. 	<ul style="list-style-type: none"> • Simvastatin, lovastatin: <ul style="list-style-type: none"> – Concomitant use is contraindicated due to potential for myopathy, including rhabdomyolysis. – Consider using low doses of alternative statins less likely to be affected by boosted DRV. • Atorvastatin: <ul style="list-style-type: none"> – When administered with RTV-boosted DRV, use lowest effective dose; do not exceed 20 mg daily. – If concomitant use is necessary, monitor closely for signs of myopathy and rhabdomyolysis. • Rosuvastatin: <ul style="list-style-type: none"> – When possible, avoid concomitant use. – If use is necessary, start with 10 mg per day; dose should not exceed 20 mg per day. • Fluvastatin: Do not coadminister. If use is required, use lowest effective dose; monitor closely for safety and efficacy before increasing statin dose. • Pitavastatin: No dose adjustments are necessary. • Pravastatin: If use is necessary, use lowest effective dose and monitor for signs of toxicity.
<ul style="list-style-type: none"> • Efavirenz (EFV) [a] • Etravirine (ETR) 	<ul style="list-style-type: none"> • Simvastatin, lovastatin: EFV and ETR may decrease concentrations. • Atorvastatin, pravastatin, fluvastatin: EFV and ETR may modestly reduce concentrations. • Pitavastatin, rosuvastatin: No significant interactions are expected. 	<ul style="list-style-type: none"> • Simvastatin, lovastatin: Monitor for efficacy. May warrant increases in statin dose. Do not increase dose above maximum recommended statin dose. • Atorvastatin, pravastatin, fluvastatin: Monitor for cholesterol-lowering effect of statins. May require increased dose. • Pitavastatin, rosuvastatin: No dose adjustments are necessary.
Fostemsavir (FTR)	Atorvastatin, fluvastatin, pitavastatin, rosuvastatin, simvastatin: Levels may increase with concurrent use of FTR.	Use lowest possible statin starting dose; monitor for statin-associated adverse effects.
Lenacapavir (LEN)	Lovastatin, simvastatin, lomitapide: Moderate inhibition of CYP3A4 and P-gP potentially increases levels.	<ul style="list-style-type: none"> • Simvastatin, lovastatin: Initiate at lowest dose and titrate to achieve clinical effect; monitor closely for statin toxicity. • Lomitapide: Concomitant use is contraindicated.

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<p>Abbreviations: AUC, area under the curve; COBI, cobicistat; CYP, cytochrome P450; NRTI, nucleoside reverse transcriptase inhibitor; P-gP, P-glycoprotein; PI, protease inhibitor; RTV, ritonavir.</p> <p>Note:</p> <p>a. RTV-boosted PIs and EFV are known to cause metabolic dysfunction, which may increase blood cholesterol levels.</p>		