Fewer People With HIV Are Taking Statins in Ill-Advised Medication Combos

Protease inhibitors, including those used for hep C, and various other drugs may cause drug-drug interactions with statins.

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People with HIV are decreasingly taking cholesterol-lowering statins in contraindicated, or ill-advised, combinations with other medications, Reuters Health reports.

Publishing their findings in the Journal of the American Heart Association, researchers studied pharmacy data from the Marketscan database on 186,420 adults with HIV who were treated with antiretrovirals between 2007 and 2015.

The researchers considered an individual to have contraindicated statin use if he or she filled a prescription for HIV protease inhibitors, Tybost (cobicistat), hepatitis C virus (HCV) protease inhibitors, anti-infectives, calcium channel blockers, Nexterone (amiodarone), Lopid (gemfibrozil) or Serzone (nefazodone) and then filled a prescription for a contraindicated statin type and dosage within 90 days.

The proportion of the study cohort that took a statin remained unchanged during the study period: 24.6 percent in 2007 and 24.7 percent in 2015.

Among those who took a statin, 16.3 percent had contraindicated use in 2007, a figure that declined to 9 percent in 2014 and rebounded slightly to 9.8 percent in 2015.

A total of 63.9 percent of contraindicated statin fills were due to HIV protease inhbitors in 2007, a figure that declined to 51 percent in 2015. In 2012, none of the contradindicated statin fills were a result of Tybost; by 2015, 20.6 percent of such fills were due to that so-called boosting agent.

To read the Reuters Health article, click here.

To read the study, click here.

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