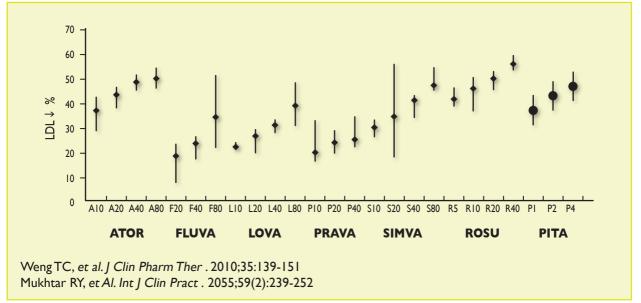
## Supplementary figure A A systematic review and meta-analysis of the therapeutic equivalence of statins



ATOR = atorvastatin; FLUVA = fluvastatin; LOVA = lovastatin; PRAVA = pravastatin; SIMVA = simvastatin; ROSU = rosuvastatin; PITA = pitavastatin.

# Supplementary Table A Percentage reduction of low-density lipoprotein-cholesterol (LDL-C) requested to achieve goals as a function of the starting value

Starting	g LDL-C	Reduction to reach LDL-C goal, %						
mmol/L	~mg/dL	<1.8 mmol/L (~70 mg/dL)	<2.6 mmol/L (~100 mg/dL)	<3 mmol/L (~115 mg/dL)				
>6.2	>240	>70	>60	>55				
5.2-6.2	200–240	65–70	50–60	40–55				
4.4–5.2	170–200	60–65	40–50	30–45				
3.9–4.4	150–170	55–60	35–40	25–30				
3.4–3.9	130–150	45–55	25–35	10–25				
2.9–3.4	110–130	35–45	10–25	<10				
2.3–2.9	90–110	22–35	<10	-				
1.8–2.3	70–90	<22	_	-				

## Supplementary figure B HIV-drug interaction database of the University of Liverpool

	Lipid-Lowering Treatment Selector																		
	Charts revised August 2013. Full information available at www.hiv-druginteractions.org and www.hiv-druginteractionslite.org																		
		ATV/r	DRV/r	FPV/r	IDV/r	LPV/r	SQV/r	EFV	ETV	NVP	RPV	MVC	EVG/c	RAL	ABC	FTC	3TC	TDF	ZDV
	Atorvastatin	1	1	↑153%	1	↑490%	1	↓43%	↓37%	<b>\</b>	↔	↔	1	↔	<b>*</b>	$\leftrightarrow$	↔	↔	<b>←&gt;</b>
	Fluvastatin	<b>↔</b>	<b>↔</b>	↔	1	$\leftrightarrow$	1	1	1	<b>↔</b>	$\leftrightarrow$	↔	<b>↔</b>	<b>↔</b>	<b>↔</b>	<b>↔</b>	<b>↔</b>	<b>↔</b>	<b>↔</b>
ins	Lovastatin	1	1	1	1	1	1	↓	1	1	<b>↔</b>	$\leftrightarrow$	1	<b>↔</b>	$\leftrightarrow$	<b>↔</b>	<b>↔</b>	<b>↔</b>	<b>↔</b>
Statins	Pravastatin	↔	181%	↔	1	↔	↓50%	↓44%	<b>\</b>	↔	<b>↔</b>	↔	<b>↔</b>	<b>↔</b>	<b>*</b>	↔	<b>↔</b>	<b>↔</b>	<b>←&gt;</b>
	Rosuvastatin	↑213%	↑48%	↑8%	1	↑107%	1	↔	1	↔	↔	$\Leftrightarrow$	↑48%	<b>↔</b>	<b>⇔</b>	↔	<b>↔</b>	<b>↔</b>	↔
	Simvastatin	1	1	1	1	1	1	↓68%	<b>\</b>	1	$\leftrightarrow$	$\leftrightarrow$	1	<b>↔</b>	<b>↔</b>	<b>↔</b>	<b>↔</b>	<b>↔</b>	<b>↔</b>
	Bezafibrate	↔	<b>↔</b>	↔	$\Leftrightarrow$	↔	<b>↔</b>	↔	<b>↔</b>	↔	$\Leftrightarrow$	$\Leftrightarrow$	$\Leftrightarrow$	$\Leftrightarrow$	↔	$\Leftrightarrow$	$\Leftrightarrow$	$\Leftrightarrow$	<b>↔</b>
ates	Clofibrate	↔	<b>↔</b>	↔	$\Leftrightarrow$	↔	<b>↔</b>	<b>↔</b>	<b>↔</b>	↔	$\Leftrightarrow$	$\Leftrightarrow$	$\Leftrightarrow$	$\Leftrightarrow$	<b>*</b>	$\Leftrightarrow$	$\Leftrightarrow$	11	<b>←→</b>
Fibr	Fenofibrate	↔	↔	↔	<b>↔</b>	↔	↔	↔	<b>*</b>	*	<b>*</b>	$\Leftrightarrow$	<b>*</b>	<b>↔</b>	*	$\Leftrightarrow$	<b>⇔</b>	<b>⇔</b>	<b>↔</b>
	Gemfibrozil	1	1	1	↓	↓41%	1	<b>↔</b>	<b>*</b>	<b>*</b>	<b>*</b>	$\Leftrightarrow$	<b>*</b>	1	*	<b>*</b>	$\Leftrightarrow$	$\Leftrightarrow$	<b>←→</b>
	Ezetimibe	↑a	<b>↔</b>	↔	$\Leftrightarrow$	↔	<b>↔</b>	<b>↔</b>	<b>↔</b>	↔	$\Leftrightarrow$	$\Leftrightarrow$	$\Leftrightarrow$	$\Leftrightarrow$	<b>*</b>	$\Leftrightarrow$	$\Leftrightarrow$	$\Leftrightarrow$	<b>←&gt;</b>

#### Colour Legend

		l		No clinically	significant i	nteraction	expecte
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These drugs should not be coadministered.

Potential interaction which may require a dosage adjustment or close monitoring.

Potential interaction predicted to be of weak intensity (<2 fold ↑AUC or <50% ↓AUC). No a priori dosage adjustment is recommended.

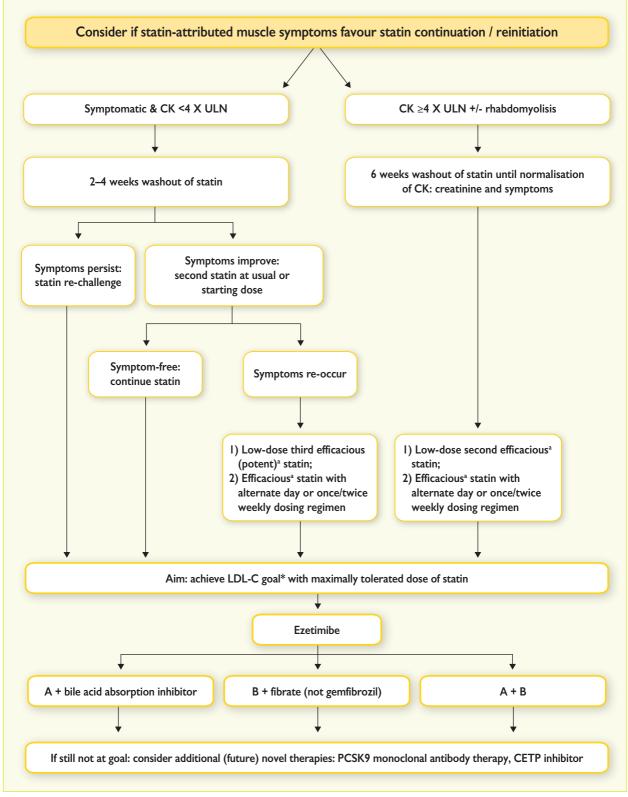
## Text Legend

- Potential increased exposure of the lipid-lowering drug
- $\downarrow$  Potential decreased exposure of the lipid-lowering drug
- ↔ No signficant effect
- 1 Potential increased exposure of HIV drug
- ↓ Potential decreased exposure of HIV drug

# ${}^a Unboosted\ atazanavir$

Numbers refer to increased or decreased AUC of the lipid-lowering drug as observed in drug-drug interaction studies.

(From Liverpool HIV Pharmacology Group, University of Liverpool)



CETP = cholesteryl ester transfer protein; CK = creatine kinase; LDL-C= low-density lipoprotein cholesterol; PCKS9 = propotein onvertase subtilisin/kesin type 9; ULN = upper limit of the normal range.

<sup>&</sup>lt;sup>a</sup>Efficacious statin such as atorvastatin or rosuvastatin.

<sup>\*</sup>Reiner Z et al. (2011).