clinical cases DDIs

Date of report 06 May 2019

Reported case interaction between **Rilpivirine** and **Omeprazol**

Drugs suspected to be involved in the DDI

Victim
Rilpivirine

Daily Dose
25 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Jan. 1, 2014

End date
March 1, 2019

Perpetrator
Omeprazol

Daily Dose
20 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Oct. 1, 2018

End date
Ongoing

Complete list of drugs taken by the patient

Antiretroviral treatment

Rilpivirine
Abacavir/Lamivudine

Complete list of all comedications taken by the patient, included that involved in the DDI

Atrovastatin

Clinical case description

Gender

Male

Age

57

eGFR (mL/min)

>60

Liver function impairment

No

Description

HIV patient on cART with rilpivirine plus abacavir/lamivudine; diagnosed with gastroesophageal reflux disease and treated with famotidine 40 mg (separated 12 hours from RPV). In October 2018 the patient visited another specialist and famotidine was changed to omeprazol (20 mg qd). Rilpivirine was maintained. In March 2019 the patient was free of GI symptoms and HIV viral load remained <40 copies/mL. However, due to potential decrease in rilpivirine concentrations, cART is changed to raltegravir plus abacavir/ lamivudine.

Clinical Outcome

No unwanted outcome

Editorial Comment

Rilpivirine should not be co-administered with omeprazol as significant decreases in rilpivirine plasma concentrations may occur due to gastric pH increase, which may result in loss of virologic response and possible resistance to rilpivirine or to the class of NNRTIs.

University of Liverpool Recommendation

- These drugs should not be coadministered

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