clinical cases DDIs

Date of report 22 Jun 2020

Reported case interaction between **Rilpivirine** and **Dexamethasone**

Drugs suspected to be involved in the DDI

Victim
Rilpivirine

Daily Dose
25 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
March 20, 2018

End date
Oct. 7, 2019

Perpetrator
Dexamethasone

Daily Dose
8 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Sept. 8, 2019

End date
Oct. 3, 2019

Complete list of drugs taken by the patient

Antiretroviral treatment

Rilpivirine/Emtricitabine/Tenofovir-DF

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

Dexamethasone, dexketoprofen

Clinical case description

Gender

Male

Age

58

eGFR (mL/min)

>60

Liver function impairment

No

Description

A 58-year-old patient with HIV infection since February 2018, on treatment with RPV/FTC/TDF. In September 2019 he was attended by a rheumatologist for an episode of arthritis and he was treated with dexamethasone (initially intravenously and then in a pattern of oral descent). When the patient came to our Unit in October 2019, he presented an HIV viral load of 2380 copies/ml and we assumed a possible treatment failure due to a drug to drug interaction and so we changed treatment to BIC/FTC/TAF.

Clinical Outcome

Loss of efficacy

Drug Interaction Probability Scale (DIPS)

Score

6 - Probable

Editorial Comment

Rilpivirine should not be co-administered with dexamethasone (more than a single dose) as significant decreases in rilpivirine plasma concentrations may occur due to CYP3A enzyme induction, 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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