



Date of report 26 Apr 2022

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

Oct. 21, 2015

End date

Jan. 20, 2022

Perpetrator

Omeprazol

Daily Dose

40 (mg)

Dose adjustment performed

No

Administration Route

Oral

Start date

Nov. 1, 2021

End date

Ongoing

Complete list of drugs taken by the patient

Antiretroviral treatment

Abacavir/Lamivudine

Rilpivirine

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

Simvastatine, alendronate, calcifediol, lorazepam

Clinical case description

Gender

Female

Age

75

eGFR (mL/min)

>60

Liver function impairment

No

Description

75 year-old female. HIV infection diagnosed in 2008 (CD4 nadir 144, PJP at diagnosis). Started on TDF/FTC/EFV, switched to ABC/3TC+RPV on 2015 to prevent renal toxicity. Undetectable viral load since 2008.

On October 2021, due to ferropenic anemia, a gastroscopy was performed, which revealed a large hiatal hernia. For this reason, omeprazole 20 mg/12 hours was prescribed, which the patient took along with ART that included rilpivirine. In January 2022 the patient was visited at the HIV clinic. She still had an undetectable viral load, but it was decided to change the ART to TAF/FTC/BIC as she needed to continue with omeprazole.

Although rilpivirine is contraindicated with omeprazole, virologic failure was not observed in this patient despite receiving omeprazole twice daily.

Clinical Outcome

No unwanted outcome

Editorial Comment

Despite no virological failure was observed in this patient, rilpivirine should not be co-administered with omeprazol as significant decreases in rilpivirine plasma concentrations may occur due to gastric pH increase. If this combination is maintained, this may result in loss of virologic response and possible resistance to rilpivirine or to the class of NNRTIs. Alternative options include famotidine instead of rilpivirine, or doravirine, INSTI or PI instead of rilpivirine.

University of Liverpool Recommendation

- These drugs should not be coadministered

For more information [click here](#)

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