RILPIVIRINE (Edurant)

WHAT IS RILPIVIRINE?

Rilpivirine is a drug used as part of antiretroviral therapy (ART). It is also called Edurant. It is manufactured by Janssen Pharmaceuticals.

Rilpivirine is a non-nucleoside reverse transcriptase inhibitor (a "non-nuke" or NNRTI). These drugs stop HIV from multiplying by preventing the reverse transcriptase enzyme from working. This enzyme changes HIV's genetic material (RNA) into the form of DNA. This step has to occur before HIV's genetic code gets inserted into an infected cell's genetic codes.

WHO SHOULD TAKE IT?

Rilpivirine was approved in 2011 as an antiretroviral drug (ARV) for people with HIV infection. Rilpivirine is approved for people who are taking their first medications to fight HIV and whose viral load (see fact sheet 125) is below 100,000. There are two FDA-approved single tablet HIV-1 regmens that contain rilpivirine: Complera (rilpivirine/emtricitabine/tenofovir DF; fact sheet 471) and the newer Odefsey (rilpivirine/emtricitabine/tenofovir AF; fact sheet 476).

While antiretroviral therapy (ART) is recommended for all people living with HIV, independent of your symptoms or CD4 count, you and your health care provider should consider your CD4 cell count, your viral load, any symptoms you are having, and your attitude about taking HIV medications. Fact Sheet 404 has more information about guidelines for the use of ARVs.

If you take rilpivirine with other ARVs, you can reduce your viral load to extremely low levels, and increase your CD4 cell counts. This should mean staying healthier longer.

WHAT ABOUT DRUG RESISTANCE?

Many new copies of HIV are mutations. They are slightly different from the original virus. Some mutations can keep multiplying even when you are taking an ARV. When this happens, the drug will stop working. This is called "developing resistance" to the drug. See Fact Sheet 126 for more information on resistance.

Sometimes, if your virus develops resistance to one drug, it will also have resistance to other ARVs. This is called "cross-resistance." Cross-resistance between efavirenz, delavirdine, nevirapine, etravirine and rilpivirine (all NNRTIs) develops very easily. If you develop resistance to one of these NNRTIs, you probably won't be able to use any of them in your ART.

Resistance can develop quickly. It is very important to take ARVs according to instructions, on schedule, and not to skip or reduce doses.

HOW IS IT TAKEN?

Rilpivirine is taken by mouth as a tablet. The normal adult dose is 25 milligrams (mg) a day. Rilpivirine must be taken with a meal.

Rilpivirine is generally safe for patients with mild or moderate kidney or liver problems.

WHAT ARE THE SIDE EFFECTS?

When you start any ART, you may have temporary side effects such as headaches, high blood pressure, or just feeling ill. These side effects usually get better or disappear over time.

The most common side effects of rilpivirine are depression, insomnia, headache and rash. Be sure to discuss any side effects with your health care provider. Rilpivirine can cause liver damage. Be sure your health care provider knows if you have hepatitis B or C.

HOW DOES IT REACT WITH OTHER DRUGS?

Rilpivirine can interact with other drugs or supplements that you are taking. **These interactions can change the amount of each drug in your bloodstream and cause an under- or overdose. New interactions are being identified all the time.**

Antacids should be taken 2 hours before or 4 hours after rilpivirine. When taken with the tuberculosis drug **rifabutin**, ripivirine doses need to be increased to 50 mg once daily. **Methadone** doses do not need to be adjusted when taken with ripivirine. Rilpivirine has not been studied with **buprenorphine**. **Make sure that your health care provider knows about ALL drugs and supplements you are taking.**

The herb **St. John's Wort** (See Fact Sheet 729) lowers the blood levels of some nonnucleoside reverse transcriptase inhibitors. Do not take it with rilpivirine.

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