CLINICIAN CONSULTATION CENTER
National rapid response for HIV management and bloodborne pathogen exposures.

Ombitasvir, paritaprevir, ritonavir and dasabuvir (Viekira Pak) Drug Interaction Chart

Drug Class	Drug Name	Effect on Concentration	Clinical Comments
ANTIARRHYTHMICS	amiodarone, bepridil, disopyramide, flecainide, lidocaine (systemic), mexiletine, propafenone, quinidine	↑ antiarrhythmics	Caution is warranted and therapeutic concentration monitoring (if available) is recommended for antiarrhythmics.
ANTIFUNGALS	ketoconazole	↑ ketoconazole	When co-administered, the maximum daily dose of ketoconazole should be limited to 200 mg per day.
	voriconazole	↓ voriconazole	Co-administration not recommended unless an assessment of the benefit-to-risk ratio justifies the use of voriconazole.
CALCIUM CHANNEL BLOCKERS	amlodipine	↑ amlodipine	Consider dose reduction for amlodipine. Clinical monitoring is recommended.
CORTICO-STEROIDS (INHALED/NASAL)	fluticasone	↑ fluticasone	Concomitant use with inhaled or nasal fluticasone may reduce serum cortisol concentrations. Alternative corticosteroids should be considered, particularly for long term use.
DIURETICS	furosemide	↑ furosemide (Cmax)	Clinical monitoring of patients is recommended and therapy should be individualized based on patients response
HIV-ANTIVIRAL AGENTS	atazanavir/ritonavir once daily	↑ paritaprevir	When coadministered, atazanavir 300 mg (without ritonavir) should only be given in the morning.
	darunavir/ritonavir	↓ darunavir (Ctrough)	Co-administration with darunavir/ritonavir is not recommended.
	lopinavir/ritonavir	↑ paritaprevir	Co-administration with lopinavir/ritonavir is not recommended.
	rilpivirine	↑ rilpivirine	Co-administration with rilpivirine once daily is not recommended due to potential for QT interval prolongation with higher concentrations of rilpivirine.
HMG CoA REDUCTASE INHIBITORS	rosuvastatin	↑ rosuvastatin	When co-administered, the dose of rosuvastatin should not exceed 10 mg per day.
	pravastatin	↑ pravastatin	When co-administered with pravastatin, the dose of pravastatin should not exceed 40 mg per day.

Updated April 8, 2015; Source: Viekira Pak (R) [package insert]. AbbVie 2015.

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IMMUNO-SUPPRESSANTS	cyclosporine	↑ cyclosporine	When initiating therapy, reduce cyclosporine dose to 1/5th of the patient's current cyclosporine dose. Measure cyclosporine blood concentrations to determine subsequent dose modifications. Upon completion of therapy, the appropriate time to resume pre- ombitasvir, paritaprevir, ritonavir and dasabuvir dose of cyclosporine should be guided by assessment of cyclosporine blood concentrations. Frequent assessment of renal function and cyclosporine-related side effects is recommended.
	tacrolimus	↑ tacrolimus	When initiating therapy, the dose of tacrolimus needs to be reduced. Do not administer tacrolimus on the day ombitasvir, paritaprevir, ritonavir and dasabuvir is initiated. Beginning the day after ombitasvir, paritaprevir, ritonavir and dasabuvir is initiated; reinitiate tacrolimus at a reduced dose based on tacrolimus blood concentrations. Typical tacrolimus dosing is 0.5 mg every 7 days. Measure tacrolimus blood concentrations and adjust dose or dosing frequency to determine subsequent dose modifications. Upon completion of therapy, the appropriate time to resume pre- ombitasvir, paritaprevir, ritonavir and dasabuvir dose of tacrolimus should be guided by assessment of tacrolimus blood concentrations. Frequent assessment of renal function and tacrolimus related side effects is recommended.
LONG ACTING BETA-ADRENOCEPTOR AGONIST	salmeterol	↑ salmeterol	Concurrent administration with salmeterol is not recommended. The combination may result in increased risk of cardiovascular adverse events associated with salmeterol, including QT prolongation, palpitations and sinus tachycardia.
NARCOTIC ANALGESICS	buprenorphine/naloxone	↑ buprenorphine ↑ norbuprenorphine	No dose adjustment of buprenorphine/naloxone is required. Patients should be closely monitored for sedation and cognitive effects.
PROTON PUMP INHIBITORS	omeprazole	↓ omeprazole	Monitor patients for decreased efficacy of omeprazole. Consider increasing the omeprazole dose in patients whose symptoms are not well controlled; avoid use of more than 40 mg per day of omeprazole.
SEDATIVES/HYPNOTICS	alprazolam	↑ alprazolam	Clinical monitoring of patients is recommended. A decrease in alprazolam dose can be considered based on clinical response.

The following drugs should not be coadministered with ombitasvir, paritaprevir, ritonavir and dasabuvir (VIEKIRA PAK): Carbamazepine, phenytoin, phenobarbital, gemfibrozil, rifampin, ergotamine, dihydroergotamine, ergonovine, methylergonovine, ethinyl estradiol-containing medications such as combined oral contraceptives, St. John's Wort *(Hypericum perforatum)*, lovastatin, simvastatin, alfuzosin HCL, pimozide, efavirenz, sildenafil when dosed as REVATIO for the treatment of pulmonary arterial hypertension, triazolam, orally administered midazolam. No dose adjustments are recommended when ombitasvir, paritaprevir, ritonavir and dasabuvir is co-administered with the following medications: digoxin, duloxetine, emtricitabine/tenofovir disoproxil fumarate, escitalopram, methadone, progestin only contraceptives, raltegravir, warfarin and zolpidem.

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