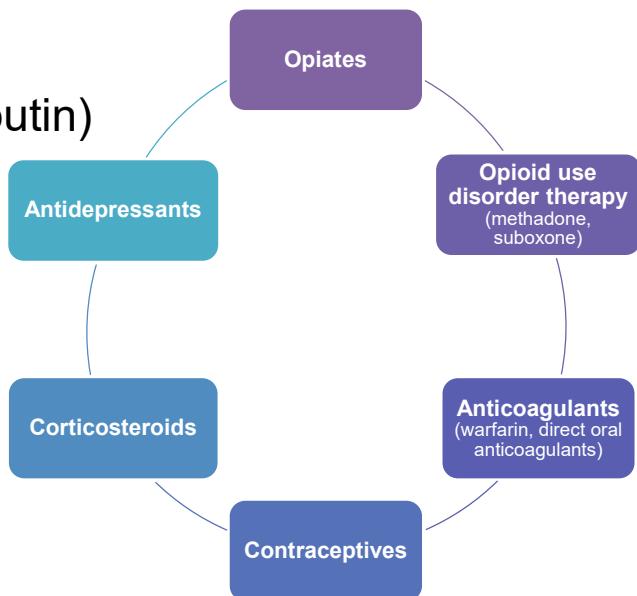


Rifamycins

- Rifampin
 - Supplied: Capsules (150mg, 300mg), Injection (600mg)
 - Induces: CYP3A4 + many others
- Rifabutin
 - Supplied: Capsules (150 mg)
 - Induces: CYP3A4
- Rifapentine
 - Supplied: Tablets (150 mg)
 - Induces: CYP3A4

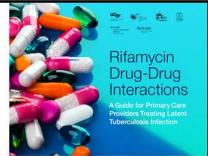
Common Rifamycins DDIs

- Induction of CYP3A4 (Rifampin>Rifapentine>Rifabutin)
- Medication adjustments that may be necessary:
 - Dose titration
 - Switching to alternative agents
- Toxicities may be easier to detect than loss of efficacy



Burman WJ, Gallicano K, Peloquin C. Clin Pharmacokinet. 2001;40(5):327-41.

Rifamycin DDI considerations



- Timing of interaction: **Proactive titration of the interacting medication is crucial**
 - Chronic use with new start of rifamycin: maximal enzyme induction 1-2 weeks after rifamycin initiation
 - Deinduction: up to 2-4 weeks after patient stops taking rifamycin
- Pill burden
 - Rifampin: daily, 600 mg (60-70 kg) = 2 capsules per dose
 - Rifabutin: daily, 300 mg (60-70 kg) = 2 capsules per dose
 - Rifapentine: weekly, 900 mg (if 50 kg or greater) = 6 tablets per dose
- UCSF rifamycin DDI resource:
<https://www.currytbcenter.ucsf.edu/products/rifamycin-drugdrug-interactions-a-guide-for-primary-care-providers-treating-latent-tuberculosis>