RIFABUTIN
Fact Sheet

Rifabutin is a rifamycin molecule similar to Rifampin. Rifabutin shows activity in vitro against certain rifampin-resistant strains of M. tuberculosis. Rifabutin is useful in the treatment of active tuberculosis in AIDS patients receiving the protease inhibitor, indinavir.

Dose: Usual 300 mg every day

Administration: Oral

Excretion: Hepatically metabolized, 10% unchanged in urine. Long serum half-life due to extensive tissue distribution.

Distribution: Following a single oral dose of 300 mg, rifabutin is readily absorbed from the GI tract. Rifabutin, due to its high fat affinity, demonstrates a high propensity for distribution and intracellular tissue uptake. Substantially higher intracellular tissue levels than those seen in plasma have been observed.

Adverse Reactions

Toxicities
1. Reddish discoloration of body fluids.
2. Generally well tolerated. Reported adverse effects include gastrointestinal intolerance, neutropenia and rash.
3. Hepatotoxicity may occur. Monitor liver function tests.
4. Thrombocytopenia may occur. Monitor CBC.
5. Flu-like syndrome may occur.

Drug Interactions

Rifabutin has liver enzyme-inducing properties. Like rifampin, rifabutin may reduce the activity of many drugs.

Carbamazepine Serum blood level may be reduced.

Digoxin Serum blood level may be reduced.

Indinavir Rifabutin will reduce indinavir serum concentration. Indinavir will increase the rifabutin serum concentration.

Narcotics Serum blood level may be reduced.
Oral contraceptives  Serum blood level may be reduced.
Phenytoin (Dilantin)  Serum blood level may be reduced.
Retonavir (Norvir)  Rifabutin will reduce retonavir serum concentration. Retonavir will increase the rifabutin serum concentration.
Saquinavir (Invirase)  Rifabutin will reduce saquinavir serum concentration. Saquinavir will increase the rifabutin serum concentration.
Theophylline  Serum blood level may be reduced.
Warfarin  Serum blood level may be reduced.
Zidovudine (Retonovir)  Rifabutin decreases the zidovudine serum concentration.

Monitoring

1. Follow platelet counts, with discontinuation of therapy if decreased (<50,000/cc).
2. May need to check serum drug concentration of other drugs used concomitantly.
3. Check liver enzymes monthly if patient has underlying liver disease or alcoholism.