What is Eviplera?

*Eviplera* is a medication used to treat HIV. It is a combination of three separate antiretroviral drugs in one pill, taken once a day.

It combines 25mg rilpivirine, 200mg emtricitabine and 245mg tenofovir disoproxil in a purplish-pink, film-coated tablet. The tablet has ‘GSI’ on one side.

How does Eviplera work?

*Eviplera* combines three antiretroviral drugs in one pill. Two of the drugs (emtricitabine and tenofovir disoproxil) are from a class of drugs known as NRTIs (nucleoside/nucleotide reverse transcriptase inhibitors). The third drug, rilpivirine, is a non-nucleoside reverse transcriptase inhibitor (NNRTI). Each drug class works against HIV in a different way.

The aim of HIV treatment is to reduce the level of HIV (the ‘viral load’) in your body until it is undetectable – usually less than 50 copies of virus per ml of blood. Taking HIV treatment and having an undetectable viral load protects your immune system and stops HIV being passed on to someone else during sex.

How do I take Eviplera?

You should take *Eviplera* once a day. It must be taken with a meal. The tablet should be swallowed whole; do not chew, crush or split it.

HIV treatment works best if you take it every day, ideally at the same time each day. It may help to set an alarm, e.g. on your mobile phone, to remind you. If you forget to take a dose of *Eviplera* and realise within 12 hours of the time you usually take it, take it as soon as possible with a meal, then take your next dose at your usual time. If you realise more than 12 hours late don’t take a double dose, just skip the dose you’ve forgotten and then carry on with your normal routine.

If you are sick (vomit) within 4 hours of taking your *Eviplera* tablet you should take another tablet with food; if you vomit more than 4 hours after your dose there is no need to repeat the dose.
What are the side-effects of *Eviplera*?

All medicines have possible side-effects. It’s a good idea to talk to a doctor, nurse or pharmacist about what to expect before you start taking any medication, and how to manage any side-effects which occur.

A full list of side-effects, including less common side-effects, can be found in the patient information leaflet that comes with *Eviplera*.

Side-effects can be described as:

**Common** – a side-effect that occurs in at least one in a hundred people (more than 1%) who take this drug.

**Uncommon** – a side-effect that occurs in fewer than one in a hundred people (less than 1%) who take this drug.

Common side-effects of *Eviplera* include (most common in bold):

- difficulty sleeping, dizziness, headache, feeling weak, depression, fatigue, abnormal dreams,
- diarrhoea, vomiting, feeling sick, decreased appetite, indigestion, feeling bloated, flatulence, dry mouth
- skin rash, itching, dark skin patches (often starting on the hands or soles of feet)
- change in results of some blood tests including liver, kidneys, cholesterol and blood cell count.

Does *Eviplera* interact with other drugs?

You should always tell your doctor and pharmacist about any other drugs or medication you are taking. That includes anything prescribed by another doctor, medicines you have bought from a high-street chemist, herbal and alternative treatments, and recreational or party drugs (‘chems’).

Some medicines or drugs are not safe if taken together – the interaction could cause increased, dangerous levels, or it could stop one or both of the drugs from working. Other drug interactions are less dangerous but still need to be taken seriously. If levels of one drug are affected, you may need to change the dose you take. This must only be done on the advice of your HIV doctor.
If you are taking *Eviplera* it’s important to check with your HIV doctor or pharmacist before taking any medicines from the following groups:

- antibiotics
- antiepileptic medicines
- herbal medicines – in particular St John’s Wort should be avoided

*Eviplera* needs an acidic environment in the stomach to be absorbed – any medication used to reduce stomach acid or treat indigestion or heartburn could reduce levels of *Eviplera* and must be used with caution:

- antacids or calcium supplements should be taken 2 hours before or 4 hours after *Eviplera*
- H2 receptor antagonists (e.g. ranitidine) should be taken once a day, 12 hours before or 4 hours after *Eviplera*
- Proton pump inhibitors (e.g. lansoprazole) must be avoided
- Always check with your HIV doctor or pharmacist before taking any treatment for stomach acid or indigestion

The patient information leaflet which comes with your *Eviplera* has a full list of medicines which should be avoided.

**Can I take *Eviplera* in pregnancy?**

*Eviplera* is not currently recommended for women during pregnancy.

If you are considering having a baby, or think you might be pregnant, talk to your doctor as soon as possible about which drug combination would be right for you. It is important to take antiretroviral treatment during pregnancy to prevent passing HIV from mother to baby.

**Talking to your doctor**

If you have any concerns about your treatment or other aspects of your health, it’s important to talk about these. For example, if you have any symptom or side-effect which may be from your treatment, or if you are finding it difficult to take your medication every day, one of your healthcare team will be able to help.
Building a relationship with a doctor may take time. You may feel very comfortable talking to your doctor, but some people find it more difficult, particularly when talking about sex, mental health, or symptoms they find embarrassing. It’s also easy to forget things you wanted to talk about.

Preparing for an appointment can be very helpful. Take some time to think about what you are going to say. You might find it helpful to talk to someone else first, or to make some notes and bring them to your appointment. Our online tool *Talking points* may help you to prepare for your next appointment – visit [www.aidsmap.com/talking-points](http://www.aidsmap.com/talking-points)