

Date of report 16 May 2019

Reported case interaction between Cobicistat and Paliperidone

Drugs suspected to be involved in the DDI

Perpetrator

Cobicistat

Daily Dose

150 (mg)

Dose adjustment performed

No

Administration Route

Oral

Start date

March 28, 2019

End date

Ongoing

Victim

Paliperidone

Daily Dose

50 (mg)

Dose adjustment performed

No

Administration Route

Intramuscular

Start date

March 29, 2019

End date

Ongoing

Complete list of drugs taken by the patient

Antiretroviral treatment

Darunavir/Cobicistat Rilpivirine/Emtricitabine/Tenofovir-AF

Complete list of all comedications taken by the patient, included that involved in the DDI

paliperidone, valproic acid, cyanocobalamin, lorazepam, estradiol

Clinical case description

Gender Age

Transgender 38

eGFR (mL/min) Liver function impairment

>60 No

Description

38 year-old transgender woman with diagnosis of maniac-depressive syndrome. HIV infection diagnosed in 2008. cART was started in April 2011 in context of cerebral toxoplasmosis. She had a new maniac episode requiring hospital admission, and she received therapy with paliperidone (loading doses of 150 and 100 mg IM, followed by a maintenance dose of 50 mg IM). A new cART regimen was started and, given prior history of multiple virological failures and ARV resistance, a PI/c was required. She initiated tenofovir alafenamide, emtricitabine, darunavir cobicistat and rilpivirine. Although darunavir/cobicistat could potentially increase paliperidone levels. No unwanted outcome was observed.

Clinical Outcome

No unwanted outcome

Editorial Comment

Paliperidone is primarily eliminated renally, with minimal metabolism occurring via CYP2D6 and CYP3A4. Darunavir/ cobicistat could potentially increase paliperidone concentrations by inhibiting CYP3A4. Despite loading doses of paliperidone in this case, no negative clinical outcome was observed and clinical response was appropriate and fast, suggesting that full dose of this drug can be used safely.

University of Liverpool Recommendation

△ Potential interaction likely to be of weak intensity.

Additional action/monitoring or dosage adjustment is unlikely to be required

For more information click here