



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

Transgender

Age

38

eGFR (mL/min)

>60

Liver function impairment

No

Description

38 year-old transgender woman with diagnosis of manic-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](#)