



Date of report 27 Jun 2019

## Reported case interaction between **Cobicistat** and **Triamcinolone**

### Drugs suspected to be involved in the DDI

Perpetrator

**Cobicistat**

Daily Dose

150 (mg)

Dose adjustment performed

No

Administration Route

Oral

Start date

Feb. 4, 2016

End date

Oct. 21, 2016

Victim

**Triamcinolone**

Daily Dose

Unknown

Dose adjustment performed

No

Administration Route

Other

Start date

Sept. 21, 2016

End date

Sept. 21, 2017

## Complete list of drugs taken by the patient

Antiretroviral treatment

Darunavir/Cobicistat

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

Triamcinolone (single dose), omeprazol (occasionally)

## Clinical case description

Gender

Female

Age

47

eGFR (mL/min)

>60

Liver function impairment

No

Description

This patient was on ART with darunavir/cobicistat monotherapy. She received a local triamcinolone acetonide injection because of shoulder tendonitis. Two weeks later the patient presented with Cushing syndrome. ART was switched to ABC/3TC/DTG. In order to prevent adrenal insufficiency, hydrocortisone replacement was initiated at the same moment when ART was changed. Complete clinical restoration was observed after 4 months. At that moment hydrocortisone dose tapering was initiated and it was completely stopped one month later.

## Clinical Outcome

## Toxicity

### Drug Interaction Probability Scale (DIPS)

Score

**7 - Probable**

### Editorial Comment

This is a nice case of a known DDI that emphasize the role of booster regimens in favoring exogenous Cushing syndrome. The strategy of changing HAART as well as replacing the corticosteroid seem rational and was effective in this patient.

### University of Liverpool Recommendation

- These drugs should not be coadministered

For more information [click here](#)