clinical cases DDIs

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