clinical cases DDIs

Date of report 09 Oct 2019

Reported case interaction between **Raltegravir** and **Eslicarbazepine**

Drugs suspected to be involved in the DDI

Victim
Raltegravir

Daily Dose
1200 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
July 9, 2018

End date
Ongoing

Perpetrator
Eslicarbazepine

Daily Dose
1200 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Oct. 1, 2014

End date
Ongoing

Complete list of drugs taken by the patient

Antiretroviral treatment

Raltegravir
Emtricitabine/Tenofovir-AF

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

Eslicarbazepine, paliperidone, mirtazapine, lorazepam, methadone.

Clinical case description

Gender

Male

Age

52

eGFR (mL/min)

>60

Liver function impairment

No

Description

52 year-old HIV-infected patient on treatment with raltegravir (1200 mg QD) plus FTC/TAF since July 2018. HCV co-infection, no liver function impairment. Paranoid schizophrenia and depressive syndrome on treatment with paliperidone, mirtazapine and lorazepam. Epilepsy with recurrent seizures despite treatment with different anticonvulsants (phenytoin, phenobarbital). On treatment with eslicarbazepine (1200 mg QD) since October 2014, with no subsequent seizures. Despite potential decrease in raltegravir exposure due to mild UGT induction by eslicarbazepine, the patient maintains complete viral suppression (plasma viral load <40 copies/mL, October 2019). Although it has not been studied, co-administration of eslicarbazepine with raltegravir might result in potential decrease in raltegravir concentrations and

eventual failure of antiretroviral treatment. In cases without alternative options of effective antiretroviral and anticonvulsant therapy, there is a need for close monitoring of viral load.

Clinical Outcome

No unwanted outcome

Editorial Comment

In case of suspicion of a reduced exposure of raltegravir due to an increase of the viral load, therapeutic drug monitoring of raltegravir concentrations would be advisable.

University of Liverpool Recommendation

■ Potential interaction - may require close monitoring, alteration of drug dosage or timing of administration

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