clinical cases DDIs

Date of report 21 Oct 2019

Reported case interaction between **Cobicistat** and **Quetiapine**

Drugs suspected to be involved in the DDI

Perpetrator
Cobicistat

Daily Dose
150 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
June 6, 2017

End date
Ongoing

Victim
Quetiapine

Daily Dose
300 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Jan. 1, 2011

End date
Ongoing

Complete list of drugs taken by the patient

Antiretroviral treatment

Darunavir/Cobicistat/Emtricitabine/Tenofovir-AF

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

Metahdone, Fluoxetine, Valproate, Midazolam and Quetiapine.

Clinical case description

Gender

Female

Age

49

eGFR (mL/min)

>60

Liver function impairment

No

Description

49 year-old woman with HIV infection on treatment with darunavir/cobicistat/FTC/TAF (before DRV/c+FTC/TDF and ATV/rtv + FTC/TDF; undetectable plasma viral load). Ex-IVDU on tretatment with methadone (50 mg qd). Depressive syndrome and personality disorder on treatment with Fluoxetine, Valproate, Midazolam and Quetiapine (300 mg qd) since 2011. Despite of being on ritonavir or cobicistat-containing regiments during her entire antiretroviral treatment history (since 2009), she has never presented quetiapine toxicity related symptoms.

Clinical Outcome

No unwanted outcome

Editorial Comment

Even if a relevant drug-drug interaction would be expected between darunavir/cobcistat/FTC/TAF and quetiapine as well as with darunavir/cobcistat/FTC/TAF and midazolam, no clinical relevant adverse events were observed. The European product label for quetiapine contraindicates the drug with CYP3A4 inhibitors (such as cobicistat), while the US product label recommends reducing quetiapine to 1/6 of the original dose in that setting. This is due strong CYP3A inhibition by cobicistat. Despite that no adverse effect was observed in this case, patients who need co-administration of quetiapine and CYP3A4 inhibitors muts be closely monitored.

University of Liverpool Recommendation

- These drugs should not be coadministered

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