clinical cases DDIs

Date of report 17 Feb 2020

Reported case interaction between **Cobicistat** and **Rosuvastatin**

Drugs suspected to be involved in the DDI

Perpetrator
Cobicistat

Daily Dose
150 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
March 30, 2016

End date
Ongoing

Victim
Rosuvastatin

Daily Dose
40 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
June 13, 2019

End date
Ongoing

Complete list of drugs taken by the patient

Antiretroviral treatment

Darunavir/Cobicistat
Raltegravir

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

Rosuvastatin, ezetimibe, alendronic acid, AAS, inhaled beclometasone, hydrochlorothiazide, naproxen, calcium carbonate

Clinical case description

Gender

Male

Age

54

eGFR (mL/min)

>60

Liver function impairment

No

Description

Transient ischemic attack in september 2017. Despite rosuvastatin 20 mg/daily + ezetimibe 10 mg/daily LDL-cholesterol levels 97 mg/dL (objective <70 mg/dL). Rosuvastatin dose was increased to 40 mg/daily (although the US product label states not to exceed 20 mg/day). The patient has tolerated rosuvastatin 40 mg/daily without side effects, with liver enzyme levels and CK, remained within the normal range, and LDL-cholesterol decreased to 62 mg/dL.

Clinical Outcome

No unwanted outcome

Editorial Comment

Coadministration of darunavir/cobicistat (800/150 mg once daily) and rosuvastatin (10 mg) increased rosuvastatin AUC and Cmax by 93% and 277% due to inhibition of BCRP by darunavir/cobicistat. However, rosuvastatin did not affect darunavir/cobicistat exposure. When administration of rosuvastatin and darunavir/cobicistat is required it is recommended to initiate rosuvastatin with the lowest dose, and titrate to desired response while monitoring for safety. (Note, the US product label for Prezcobix states not to exceed rosuvastatin 20 mg/day.) In this case, it is important to take into consideration that that renal function is adequate. The outcome of the DDI may be different with impaired renal function.

University of Liverpool Recommendation

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

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