clinical cases DDIs

Date of report 19 Feb 2020

Reported case interaction between **Tenofovir-AF** and **Pemetrexed**

Drugs suspected to be involved in the DDI

Victim
Tenofovir-AF

Daily Dose
10 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Oct. 15, 2018

End date
Ongoing

Perpetrator
Pemetrexed

Daily Dose
Unknown

Dose adjustment performed
No

Administration Route
Intravenous

Start date
Oct. 8, 2019

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

Pemetrexed, cotrimoxazole, citalopram, trazodone, mirabegron, esomeprazol, colecalciferol/calcium carbonate, olodaterol/tiotropium bromide.

Clinical case description

Gender

Female

Age

59

eGFR (mL/min)

>60

Liver function impairment

No

Description

HIV patient on antiretroviral treatment with DRV/c/FTC/TAF with good virological control. NSCLC diagnosed in Sept 2019, on treatment with pemetrexed without significant side effects. Despite combination of two potential nephrotoxic drugs, eGFR (CKD-EPI) remains stable and >90 ml/min.

Clinical Outcome

No unwanted outcome

Editorial Comment

Pemetrexed is primarily eliminated unchanged renally as a result of glomerular filtration and tubular secretion. Concomitant administration of nephrotoxic drugs could result in delayed clearance of Pemetrexed. Concomitant administration of substances that are also tubularly secreted (e.g., probenecid) could also potentially result in delayed clearance of pemetrexed. Despite lower risk for nephotoxicity of TAF than TDF, eGFR should be monitored if these two drus are to be co-administered.

University of Liverpool Recommendation

- No clinically significant interaction expected

For more information click here