clinical cases DDIs

Date of report 06 Feb 2020

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

Drugs suspected to be involved in the DDI

Victim
Tenofovir-AF

Daily Dose
10 (mg)

Dose adjustment performed
Yes

Administration Route
Oral

Start date
Dec. 2, 2019

End date
Ongoing

Perpetrator
Cyclosporine

Daily Dose
200 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Unknown

End date
Ongoing

Complete list of drugs taken by the patient

Antiretroviral treatment

Emtricitabine/Tenofovir-AF
Raltegravir

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

Cyclosporine, mycophenolic acid, prednisone

Clinical case description

Gender

Male

Age

31

eGFR (mL/min)

>60

Liver function impairment

No

Description

HIV infection diagnosed in November 2019. CD4 390 cells/mm3, HIV viarl load 95,000 copies/mL. Kidney transplant 20 years before, on treatment with cyclosporin, mycophenolic acid and prednisone. Antiretroviral treatment was started with TAF/FTC + Raltegravir. Since cyclosporin is a strong PgP inhibitor, TAF was dosed at 10 mg/daily, despite it was given in absence of any booster. The patient reached undetectable viral load after one month on treatment, thus the reduced dose of TAF maintained its efficacy.

Clinical Outcome

No unwanted outcome

Editorial Comment

Co-administration of ciclosporin, a potent P-gp inhibitor, is expected to increase plasma concentrations of tenofovir alafenamide. The recommended dose of Descovy is 200/10 mg once daily. (Descovy Summary of Product Characteristics, Gilead Sciences Ltd, April 2016.)

University of Liverpool Recommendation

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

For more information click here