clinical cases DDIs

Date of report 27 Feb 2020

Reported case interaction between **Raltegravir** and **Ticlopidine**

Drugs suspected to be involved in the DDI

Perpetrator
Raltegravir

Daily Dose
800 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
June 28, 2017

End date
Ongoing

Victim
Ticlopidine

Daily Dose
250 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Jan. 1, 2000

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

Ticlopidine 250 mg, levetiracetam 1500 mg, calcium supplements, pantoprazole 40 mg, tamsulosin 0.4 mg, delorazepam, clarithromycin 1000 mg, ethambutol 1200 mg, rifabutin 300 mg, pentamidine aerosol, trazodone

Clinical case description

Gender

Male

Age

48

eGFR (mL/min)

>60

Liver function impairment

No

Description

Patient who suffered from an ischemic stroke at the age of 31 (factor V Leiden) and was on ticlopidine as secondary prevention. He was diagnosed with HIV in 2017, started with TAF/FTC + DTG, and changed to RAL for intolerance. Since HAART start no major/minor bleeding side effects or recurrent ischemic stroke was observed. The addition of treatment for pulmonary disease by Mycobacterium avium did not cause any major change in efficacy/tolerability during follow up (2.5 years).

Clinical Outcome

No unwanted outcome

Editorial Comment

Ticlopidine is metabolized extensively in the liver by CYP 450s (including 3A4, 2C19 and 2B6) and may inhibit CYP2B6. Raltegravir is not expected to have any interaction with ticlopidine, but no data is available (nor in HIV Liverpool database).

University of Liverpool Recommendation

N/A