clinical cases DDIs

Date of report 29 Sep 2022

Reported case interaction between **Cobicistat** and **Dexamethasone**

Drugs suspected to be involved in the DDI

Perpetrator
Cobicistat

Daily Dose
150 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Jan. 1, 2017

End date
Unknown

Victim
Dexamethasone

Daily Dose
16 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
May 20, 2022

End date
Unknown

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

Dexamethasone, amlodipin, olmesartan

Clinical case description

Gender

Male

Age

56

eGFR (mL/min)

>60

Liver function impairment

No

Description

56-year-old male with HIV infection on ART with DRV/cobi/FTC/TAF since 2017. Virologically suppressed (<20 copies/mL). In May 2022 he is prescribed with dexamethasone 8 mg bid due to lumbalgia. Two days after starting to take dexamethasone he starts having uneasiness, anxiety and insomnia. After consultation, ART was switched to DTG/3TC with resolution of symptoms.

Clinical Outcome

Toxicity

Drug Interaction Probability Scale (DIPS)

Score

5 - Probable

Editorial Comment

Cobicistat, as a potent inhibitor of CYP3A4 is expected to increase dexamethasone concentrations. Dexamethasone itself is a moderate inducer and with prolonged exposure can also reduce expssure to of CYP substrates. In this case, the most most suitable intregrase inhibitor to switch to would be dolutegravir as descrined, since it is primarily metabolised by UGT1A1 and to a much lesser exptent by CYP3A4.

University of Liverpool Recommendation

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

For more information click here

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