clinical cases DDIs

Date of report 09 May 2024

Reported case interaction between **Dolutegravir** and **Eslicarbazepine**

Drugs suspected to be involved in the DDI

Victim
Dolutegravir

Daily Dose
50 (mg)

Dose adjustment performed
Yes

Administration Route
Oral

Start date
Sept. 10, 2020

End date
Ongoing

Perpetrator
Eslicarbazepine

Daily Dose
800 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Sept. 19, 2022

End date
Ongoing

Complete list of drugs taken by the patient

Antiretroviral treatment

Dolutegravir
Lamivudine

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

Eslicarbazepine 800mg/d
Dolutegravir 50mg/d
Lamivudine 300mg/d

Clinical case description

Gender

Male

Age

64

eGFR (mL/min)

>60

Liver function impairment

No

Description

Male person with HIV and long-term epilepsy. HIV infection diagnosed 8 years before, nadir CD4 count 360 cells/ul, current CD4 count 704 cells/ul. Always undetectable VL since ART initiation, months after diagnosis. No virological failures, blips or low-level viremia during follow-up. Due to lack of response to treatment of the epilepsy, levetiracetam was changed to eslicarbazepine, which is expeced to reduce DTG exposure. DTG dose was increased to 50mg/12 hs, and the person remained undetectable since then, and he mantained the same treatments until now.

Clinical Outcome

No unwanted outcome

Editorial Comment

This is an interesting case on the possible use of twice daily dolutegravir with eslicarbazepine. No data is available on this specific drug-to-drug interaction but data on CYP3A4 and UGT1A1 induction by eslicarbamazepine have been published. While therapeutic drug monitoring could be useful and it may inform on the need of an increased dose of dolutegravir (given also the recent studies on once daily dolutegravir and rifampicin) it seems reasonable to suggest an increse in the dose of the integrase inhibitor. The case support this indication and confirm the maintained efficacy and the lack of side effect with this combination.

University of Liverpool Recommendation

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

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