clinical cases DDIs

Date of report 17 Mar 2026

Reported case interaction between **Bictegravir** and **Hypericum perforatum**

Drugs suspected to be involved in the DDI

Victim
Bictegravir

Daily Dose
50 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Feb. 25, 2026

End date
Ongoing

Perpetrator
Hypericum perforatum

Daily Dose
Unknown

Dose adjustment performed
No

Administration Route
Oral

Start date

End date

Feb. 20, 2026 Nov. 11, 2025

Complete list of drugs taken by the patient

Antiretroviral treatment

Bictegravir/Emtricitabine/Tenofovir-AF

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

Hypericum perforatum; Vortionxetine 10mg/24h; Lithium 400mg/24h; Alprazolam retard 0.5mg /8h; Ibuprofen PRN; Vitamin D 0.266 mg monthly dose

Clinical case description

Gender

Male

Age

29

eGFR (mL/min)

>60

Liver function impairment

No

Description

A 29-year-old man with bipolar disorder on pharmacological treatment since 2019 was diagnosed with HIV infection in March 2024 (HIV-1 RNA 219,000 copies/mL; $CD4^+$ T-cell count 192 cells/µL, 19%). Antiretroviral therapy with bictegravir/emtricitabine/tenofovir alafenamide (BIC/FTC/TAF) was initiated, achieving virological suppression within two months. Baseline genotypic testing showed no resistance-associated mutations.

In November 2025, after sustained virological suppression, viral rebound was detected (HIV-1 RNA 6,490 copies/mL). The patient reported good adherence and no changes in prescribed medications. Further evaluation revealed

continuous use of St John’s wort (Hypericum perforatum) as an herbal infusion since August 2025 for anxiety.
Following discontinuation of the herbal product, HIV-1 RNA became undetectable four weeks later.

Clinical Outcome

Loss of efficacy

Drug Interaction Probability Scale (DIPS)

Score

6 - Probable

Editorial Comment

The use of over-the-counter medications is common in the general population, including among people living with HIV. This case reinforces the importance of actively assessing the use of non-prescribed therapies.
Hyperforin, a key component of St John’s wort (Hypericum perforatum), is an inducer of CYP3A, UGT1A1, and P-glycoprotein (P-gp), and can therefore reduce plasma concentrations of bictegravir and tenofovir alafenamide, potentially leading to loss of virological efficacy. Although low-dose preparations of St John’s wort containing less than 1 mg of hyperforin per day may pose a lower risk of drug–drug interactions, ensuring consistent use of such low-dose formulations is often not feasible, and would require close

virological monitoring. Therefore, coadministration of BIC/FTC/TAF and St John’s wort should generally be avoided.
In this case, virological rebound occurred during concomitant use of St John’s wort, with re-suppression achieved following its discontinuation. This highlights the clinical relevance of this interaction.
Finally, this case underscores the importance of selecting antiretroviral regimens with a high genetic barrier to resistance, particularly in situations where the use of over-the-counter medications or herbal supplements is suspected.

University of Liverpool Recommendation

- These drugs should not be coadministered

For more information click here

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