

ADVERSE DRUG REACTIONS DUE TO INTERACTION WITH COBICISTAT OR RITONAVIR IN HIV POSITIVE PATIENTS: A CASE SERIES

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BACKGROUND AND IMPORTANCE

The main problem of antiretroviral therapy (ART) that includes pharmacokinetic enhancers (cobicistat or ritonavir) is the inhibition of the metabolism of numerous drugs, which can lead to adverse drug reactions (ADR) due to overdosing.

AIM AND OBJECTIVES

To estimate the probability of occurrence of ADRs in HIV+ patients due to the interaction of cobicistat or ritonavir with the chronic treatment (CT).

MATERIALS AND METHODS

Observational, descriptive, retrospective study conducted in a tertiary hospital

January – December 2018

Patients with signs or symptoms of a probable ADR related to interaction with cobicistat

COLLECTED DATA

- ❖ Sex, age
- ❖ ART and concomitant CT
- ❖ ADR detected
- ❖ Consequence (change, suspension or maintenance of ART or CT)

Naranjo algorithm

(probability of ADR due to interaction)
≤9: definite, 5-8: probable, 1-4: possible, 0: doubtful

DIPS scale

(probability that the interaction existed in each patient): >8: highly probable, 5-8: probable, 2-4: possible, <2: doubtful

RESULTS

894 patients reviewed



82,9% Mean age: 50.2 (39.7; 55.7) years

11 patients with 12 ADR

N	ART	PHARMACOKINETIC ENHANCER	CT	ADR	INTERVENTION	NARANJO SCORE	DIPS SCORE
506	DRV/r	r	Tacrolimus	Tacrolimus intoxication	Change of ART	5	7
577	EVG/c/FTC/TAF	c	Fluticasone	Iatrogenic Cushing's syndrome	Change of ART	4	7
137	RPV+DRV/c	c	Fluticasone	Iatrogenic Cushing's syndrome	Discontinuation of fluticasone	7	6
438	EVG/c/FTC/TAF	c	Atorvastatin	Rhabdomyolysis	Discontinuation of atorvastatin	7	6
439	EVG/c/FTC/TAF	c	Deflazacort	Iatrogenic Cushing's syndrome	Discontinuation of deflazacort	7	6
441	3TC+ DRV/c	c	Fluticasone	Iatrogenic Cushing's syndrome	Discontinuation of fluticasone	7	6
55	EVG/c/FTC/TAF	c	Amlodipine	Ankle swelling	Change to enalapril	7	5
385	EVG/c/FTC/TAF	c	Trazodone	Asthenia	Reduction of trazodone dose	4	4
137	RPV+ DRV/c	c	Atorvastatin	Muscle pain	Reduction of atorvastatin dose	4	3
574	EVG/c/FTC/TAF	c	Clonazepam	Asthenia	Reduction of clonazepam dose	4	3
90	EVG/c/FTC/TAF	c	Atorvastatin	Muscle pain	Maintenance of ART and atorvastatin	1	2
36	EVG/c/FTC/TAF	c	Quetiapine	Tremors	Change of ART	7	1

CONCLUSIONS

- ❖ The majority of the analyzed interactions were classified as probable or possible cause of ADR.
- ❖ The drugs most frequently involved in ADRs due to interaction with cobicistat or ritonavir were atorvastatin and various corticosteroids.

