



Date of report 26 Nov 2019

## Reported case interaction between **Ritonavir** and **Solifenacin**

### Drugs suspected to be involved in the DDI

Perpetrator

**Ritonavir**

Daily Dose

200 (mg)

Dose adjustment performed

No

Administration Route

Oral

Start date

Jan. 1, 2010

End date

Ongoing

Victim

**Solifenacin**

Daily Dose

5 (mg)

Dose adjustment performed

No

Administration Route

Oral

Start date

Oct. 24, 2019

End date

Nov. 4, 2019

## Complete list of drugs taken by the patient

Antiretroviral treatment

Darunavir (with Ritonavir or Cobicistat)

Ritonavir

Etravirine

Raltegravir

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

Aciclovir, atorvastatin 10mg QD, Fenofibrate 145 mg QD, ramipril/Hydrochlorothiazide 5/25 mg QD, amlodipine 5mg QD, solifenacin 5 mg QD

## Clinical case description

Gender

Male

Age

69

eGFR (mL/min)

>60

Liver function impairment

No

Description

69 year-old male with HIV infection on treatment with darunavir/ritonavir + etravirine + raltegravir (multi-experienced, multi-resistant) since 2010. Prescribed with solifenacin 5 mg QD due to prostatic syndrome since 24/Oct/2019. The patient complains about dry mouth since he started taking solifenacin. On 4/Nov/2019 solifenacin was replaced by tamsulosin 0.4 mg QD, with resolution of symptoms.

## Clinical Outcome

## Toxicity

### Drug Interaction Probability Scale (DIPS)

Score

**5 - Probable**

### Editorial Comment

Solifenacin is metabolized by CYP3A4 and concentrations are likely to increase due to inhibition of CYP3A4 by ritonavir. It is recommended that solifenacin dosage should be limited to 5 mg once daily if coadministered with a strong CYP3A4 inhibitor such as ritonavir. Even so, close monitoring for adverse events (as in this patient) is recommended.

### University of Liverpool Recommendation

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

For more information [click here](#)