clinical cases DDIs

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

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