

Date of report 10 Dec 2019

# Reported case interaction between Ritonavir and Nebivolol

# Drugs suspected to be involved in the DDI

Perpetrator

**Ritonavir** 

Dose adjustment performed

No

Start date

Feb. 8, 2016

Daily Dose

200 (mg)

Administration Route

Oral

End date

**Ongoing** 

Victim

**Nebivolol** 

Dose adjustment performed

No

Start date

Jan. 15, 2018

Daily Dose

5 (mg)

Administration Route

Oral

End date

Ongoing

## Complete list of drugs taken by the patient

Antiretroviral treatment

Darunavir (with Ritonavir or Cobicistat) Emtricitabine/Tenofovir-DF Raltegravir

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

Nebivolol, VIII factor

## **Clinical case description**

Gender Age

Male 49

eGFR (mL/min) Liver function impairment

>60 No

#### Description

49-year-old man with history of hemophilia A, HIV infection diagnosed in 1990 and HCV infection, achieving sustained virologic response after treatment. Highly ART-experienced, currently on ART with TDF/FTC (300/200 mg qd) + DRV/r (600/100 mg bid) + RAL (400 mg bid) since 2016. Undetectable viral load, CD4+ T cells 790/mm3. His cardiologist prescribed nebivolol 2.5 mg qd a year ago due to hypertension and the dose was further increased up to 5 mg qd. Although coadministration of darunavir + ritonavir with nebivolol has not been studied we could expect an increase in nebivolol concentrations due to CYP2D6 metabolism of this drug. The patient has been receiving DRV/r and nebivolol for a year with successful control of blood pressure and no evidence of adverse effects.

### **Clinical Outcome**

## No unwanted outcome

## **Editorial Comment**

This case represents a common situation in clinical practice in which two drugs could have a theoretical weak interaction but no clinical impact is found in real life experience.

## **University of Liverpool Recommendation**

Additional action/monitoring or dosage adjustment is unlikely to be required

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