clinical cases DDIs

Date of report 10 Dec 2019

Reported case interaction between **Ritonavir** and **Nebivolol**

Drugs suspected to be involved in the DDI

Perpetrator
Ritonavir

Daily Dose
200 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Feb. 8, 2016

End date
Ongoing

Victim
Nebivolol

Daily Dose
5 (mg)

Dose adjustment performed
No

Administration Route
Oral

Start date
Jan. 15, 2018

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

Male

Age

49

eGFR (mL/min)

>60

Liver function impairment

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

⚠ Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment is unlikely to be required

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