

Date of report 13 Oct 2020

# Reported case interaction between Efavirenz and Solifenacin

# Drugs suspected to be involved in the DDI

Perpetrator

**Efavirenz** 

Dose adjustment performed

No

Start date

May 1, 2009

Daily Dose

600 (mg)

Administration Route

Oral

End date

**Ongoing** 

Victim

**Solifenacin** 

Dose adjustment performed

No

Start date

Feb. 28, 2020

Daily Dose

10 (mg)

Administration Route

Oral

End date

Ongoing

## Complete list of drugs taken by the patient

Antiretroviral treatment

Efavirenz/Emtricitabine/Tenofovir-DF

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

Mirabegron, Buprenorphine, Capsaicin cream, Clenil Modulite, Omeprazole, Atorvastatin, Tramadol, Ferrous sulfate, Coamilofruse, Folic acid, Salbutamol, Zerodouble gel, Amitriptyline, Salmeterol, CosmoCol, Warfarin, Solifenacin, Doxazosin

## **Clinical case description**

Gender Age Female 52

eGFR (mL/min) Liver function impairment

>60 No

#### Description

52 Female on Atripla since 2009. Well controlled HIV. Last pVL <20 Dec 19, CD4 461. Overactive bladder diagnosed in 2018. She was started on solifenacin but it was stopped in Dec 19 due to lack of improvement. In Feb 2020 the patient was restarted on solifenacin, and mirabegron was added to treatment, with susequent improvement in symptomatology.

#### **Clinical Outcome**

## **Loss of efficacy**

### **Drug Interaction Probability Scale (DIPS)**

Score

#### 3 - Possible

#### **Editorial Comment**

This clinical case highlights the difficulty of managing drugdrug interactions between antiretroviral treatment and polymedication (more than 15 drugs, many of which are substrates for CYP3A4 and most of coadministrations have not been studied). The mechanism of solifenacin's ineffectiveness seems quite simple and could be reduced to the hypothesis of CYP3A4 enzymatic induction of its metabolism by efavirenz. However, the effectiveness of the efficacy regained after the addition of mirabegron is more obscure. Usually, solifenacin and mirabegron should be combined only with caution due to the increased toxicity of solifenacin.

# **University of Liverpool Recommendation**

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

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