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UNIVERSITY OF LIVERPOOL

# Interaction Report

**Report ID:**
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| Antiretroviral Treatment | Co-medications |
|---|---|
| _ZZDarunavir<br>Ritonavir (RTV) | Sildenafil (Disfunción eréctil) |

This report lists the summaries of potential interactions (i.e. "red", "amber" and “yellow” classifications) for the drugs in the table above.

Interactions with a "green" or "grey" classification (i.e. no clinically significant interaction or no clear data) have been checked and are listed at the end of this report, but summaries are not shown.

For full details of all interactions, see www.hiv-druginteractions.org .

## Description of the interactions

Potential clinically significant interaction - likely to require additional monitoring, alteration of drug dosage or timing of administration (AMBER)

Ritonavir (RTV) + Sildenafil (Disfunción eréctil)
La administración conjunta está contraindicada en pacientes con hipertensión arterial pulmonar. La administración conjunta aumenta sustancialmente las concentraciones de sildenafil y puede incrementar los eventos adversos asociados con dicho fármaco. La administración conjunta de sildenafil (dosis única de 100 mg) y ritonavir (500 mg dos veces al día) aumentó el área bajo la curva de sildenafil en 11 veces y la Cmin en 4 veces. No se recomienda la administración conjunta, pero si se administra sildenafil no debe exceder una dosis única máxima de 25 mg en un período de 48 horas.

_ZZDarunavir + Ritonavir (RTV)
Darunavir should only be used in combination with 100 mg of ritonavir as a pharmacokinetic enhancer. Increasing the dose of ritonavir did not significantly affect darunavir concentrations and is not recommended.

_ZZDarunavir + Sildenafil (Disfunción eréctil)
Note: this interaction was studied using a darunavir/ritonavir dose lower than that licensed. Coadministration of darunavir/ritonavir (400/100 mg twice daily) and a single dose of sildenafil (25 mg) resulted in comparable exposure to 100 mg sildenafil alone. If coadministration is indicated, sildenafil at a single dose not exceeding 25 mg in 48 hours can be used with increased monitoring for PDE-5 inhibitor associated adverse events.