

Anti-diabetic Treatment Selector

Charts revised July 2018. Full information available at www.hiv-druginteractions.org

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		ATV/r	DRV/r	LPV/r	EFV	ETV	NVP	RPV	MVC	DTG	RAL	ABC	FTC	3TC	TDF	ZDV	E/C/F/TAF	E/C/F/TDF
SU	Glibenclamide	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Gliclazide	↓	↓	↓	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓
	Glipizide	↓	↓	↓	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓
	Tolbutamide	↓	↓	↓	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓
BIG	Metformin	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^a	↔	↔	↔	↔	↔	↔	↑ ^a	↑ ^a
TZD	Pioglitazone	↑	↑	↑	↑	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Rosiglitazone	↔	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
MEG	Nateglinide	↑↓	↑↓	↑↓	↑↓	↑↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑↓	↑↓
	Repaglinide	↑	↑	↑	↑↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
GLP-1	Exenatide	↔↓ ^b	↔	↔	↔	↔	↔	↔↓ ^c	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Liraglutide	↔↓ ^b	↔	↔	↔	↔	↔	↔↓ ^c	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
DPP-4	Linagliptin	↑ ^d	↑ ^d	↑ ^d	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^d	↑ ^d
	Saxagliptin	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Sitagliptin	↑ ^d	↑ ^d	↑ ^d	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^d	↑ ^d
	Vildagliptin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

Colour Legend

- No clinically significant interaction expected.
- These drugs should not be coadministered.
- Potential interaction which may require a dosage adjustment or close monitoring.
- Potential interaction predicted to be of weak intensity. No *a priori* dosage adjustment is recommended.

Text Legend

- ↑ Potential increased exposure of the anti-diabetic drug
- ↓ Potential decreased exposure of the anti-diabetic drug
- ↔ No significant effect
- ↑↑ Potential increased exposure of HIV drug
- ↓↓ Potential decreased exposure of HIV drug

- SU Sulfonylureas
- BIG Biguanides
- TZD Thiazolidinediones
- MEG Meglitinides
- GLP-1 GLP-1 agonist
- DPP-4 DPP-4 inhibitors

- a Close monitoring is recommended when starting or stopping the combination of these antiretrovirals and metformin as a dose adjustment of metformin may be necessary.
- b Caution is needed when coadministering atazanavir and GLP-1 agonists due to their potential to inhibit gastric secretion (and in some cases to slow gastric emptying), thereby reducing the absorption of atazanavir. Consider taking atazanavir 2-4 hours before the GLP-1 agonist.
- c Caution is needed when coadministering rilpivirine and GLP-1 agonists due to their potential to inhibit gastric secretion (and in some cases to slow gastric emptying), thereby reducing the absorption of rilpivirine. Consider taking rilpivirine 4 hours before the GLP-1 agonist.
- d Increase in anti-diabetic drug exposure is not considered as clinically significant as the drug is mainly eliminated unchanged and has a large safety window.