www.hiv-druginteractions.org

Anti-diabetic Treatment Selector

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

		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	Dulaglutide	↔⇓	↔	↔	↔	↔	↔	↔⇓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Exenatide	↔⇓[b]	↔	↔	↔	↔	↔	↔⇓[c]	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Liraglutide	↔⇓[b]	↔	↔	↔	↔	↔	↔⇓[c]	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
DPP-4	Linagliptin	↑[d]	↑[d]	↑[d]	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑[d]	↑[d]
	Saxagliptin	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Sitagliptin	↑[d]	↑[d]	↑[d]	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑[d]	↑[d]
	Vildagliptin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
SGLT-2	Canagliflozin	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔[e]	↔	↔	↔[e]
	Dapagliflozin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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
SGLT-2 sodium-glucose co-transporter 2 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.

e Caution is recommended when coadministering canagliflozin in the long term with tenofovir-DF due to potential additive bone toxicities.

Abbreviations ATV atazanavir ABC abacavir DRV darunavir FTC emtricitabine LPV lopinavir 3TC lamivudine /r ritonavir TDF tenofovir disoproxil fumarate EFV efavirenz ZDV zidovudine ETV etravirine NVP nevirapine E/C/F/ Elvitegravir/Cobicistat/FTC RPV rilpivirine TAF tenofovir alafenamide MVC maraviroc DTG dolutegravir RAL raltegravir