

Anti-diabetic Treatment Selector

Charts revised February 2019. Full information available at www.hiv-druginteractions.org

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	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV	MVC	BIC/ F/TAF	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	FTC or 3TC	F/TAF	TDF	ZDV	
Sulfonylureas																					
Glibenclamide	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Gliclazide	↔	↓	↔	↓	↓	↔	↑	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔	↔	
Glimepiride	↔	↓	↔	↓	↓	↔	↑	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔	↔	
Glipizide	↔	↓	↔	↓	↓	↔	↑	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔	↔	
Tolbutamide	↔	↓	↔	↓	↓	↔	↑	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔	↔	
Biguanides																					
Metformin	↑ ^a	↔	↑ ^a	↔	↔	↓6%	↔	↔	↔	↔	↔	↔	↔	↑39%	↑79% ^a	↑ ^a	↑ ^a	↔	↔	↔	↔
Thiazolidinediones																					
Pioglitazone	↑	↑	↑	↑	↑	↔	↑	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Rosiglitazone	↑35%	↓17%	↔	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
Meglitinides																					
Nateglinide	↑	↑↓	↑	↑↓	↑↓	↔	↑↓	↑↓	↓	↔	↔	↔	↔	↑↓	↑↓	↔	↔	↔	↔	↔	
Repaglinide	↑	↑	↑	↑	↑	↔	↑↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
GLP-1 agonists																					
Dulaglutide	↔↓	↔↓	↔	↔	↔	↔	↔	↔	↔	↔↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
Exenatide	↔↓ ^b	↔↓ ^b	↔	↔	↔	↔	↔	↔	↔	↔↓ ^c	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
Liraglutide	↔↓ ^b	↔↓ ^b	↔	↔	↔	↔	↔	↔	↔	↔↓ ^c	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
DPP-4 inhibitors																					
Linagliptin	↑ ^d	↑ ^d	↑ ^d	↑ ^d	↑ ^d	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^d	↑ ^d	↔	↔	↔	↔	↔	
Saxagliptin	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Sitagliptin	↑ ^d	↑ ^d	↑ ^d	↑ ^d	↑ ^d	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^d	↑ ^d	↔	↔	↔	↔	↔	
Vildagliptin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
SGLT-2 inhibitors																					
Canagliflozin	↔	↓	↔	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ ^e	↔	↔	↔	↔ ^e	↔	
Dapagliflozin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
Empagliflozin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ ^e	↔	↔	↔	↔ ^e	↔	
Others																					
Acarbose	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	

Colour Legend

- No clinically significant interaction expected.
- These drugs should not be coadministered.
- Potential interaction which may require a dose 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
- Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

Notes

- 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 or empagliflozin in the long term with tenofovir-DF due to potential additive bone toxicities.