## Anti-diabetic Treatment Selector

### Abbreviations
- ACAR: Acarbose
- CAN: Canagliflozin
- LIN: Linagliptin
- DUL: Dulaglutide
- ROS: Rosiglitazone
- MET: Metformin
- BIG: Biguanides
- GLP: GLP-1 agonists
- DPP: DPP-4 inhibitors
- SGLT: SGLT-2 inhibitors

## Drug Interactions

### Sulfonylureas
- Gilbenclamide
- Gliclazide
- Glimepiride
- Glipizide
- Tolbutamide

### Biguanides
- Metformin

### Thiazolidinediones
- Pioglitazone
- Rosiglitazone

### Meglitinides
- Nateglinide
- Repaglinide

### GLP-1 agonists
- Dulaglutide
- Exenatide
- Liraglutide
- Semaglutide

### DPP-4 inhibitors
- Alogliptin
- Linagliptin
- Saxagliptin
- Sitagliptin
- Vildagliptin

### SGLT-2 inhibitors
- Canagliflozin
- Dapagliflozin
- Empagliflozin

### Others
- Acarbose

### Interactions with CAB/RPV long acting injections

### Interactions with Abacavir (ABC), Lamivudine (3TC) or Zidovudine (ZDV)

### Interactions with Ibalizumab

#### 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.

#### Text Legend
- Potential increased exposure of the anti-diabetic drug
- Potential increased exposure of HIV drug
- Potential decreased exposure of the anti-diabetic drug
- Potential decreased exposure of HIV drug
- No significant effect

#### Notes
- Close monitoring is recommended when starting or stopping the combination of these antiretrovirals and metformin as a dose adjustment of metformin may be necessary.
- 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.
- Caution is needed when coadministering oral ripriviine 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 ripriviine. Consider taking oral ripriviine 4 hours before the GLP-1 agonist.
- 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.
- Caution is recommended when coadministering canagliflozin in the long term with tenofovir-DV due to potential additive bone toxicities.