

Bronchodilators (for COPD) 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
LAMA	Acclidinium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Glycopyrronium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Tiotropium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Umeclidinium bromide	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑
SAMA	Ipratropium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
LABA	Formoterol	↔ ^a	↔	↔ ^a	↔	↔	↔	↔ ^a	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Indacaterol	↑ ^b	↑ ^b	↑ ^b	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^b
	Olodaterol	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑
	Salmeterol	↑ ^c	↑ ^c	↑ ^c	↓	↓	↓	↔ ^a	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Vilanterol	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
SABA	Salbutamol (albuterol)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑
MX	Aminophylline	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Theophylline	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
PDE4	Roflumilast	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑
ICS	Beclometasone	↑ ^d	↓ ^e	↑ ^d	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^d
	Budesonide	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑
	Fluticasone	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑

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 bronchodilator
- ↓ Potential decreased exposure of the bronchodilator
- ↔ No significant effect

- LAMA Long acting muscarinic antagonist
- SAMA Short acting muscarinic antagonist
- LABA Long acting β2 agonist
- SABA Short acting β2 agonist
- MX Methylxanthines
- PDE4 Phosphodiesterase 4 inhibitors
- ICS Inhaled corticosteroids

- a Caution as both drugs can induce QT interval prolongation.
- b Exposure can be increased by up to 2-fold, however, this increase does not raise any concerns based on indacaterol's safety data.
- c ECG monitoring recommended.
- d Increase in concentration of active metabolite observed with RTV (100 mg twice daily alone), but without significant effect on adrenal function. Caution is still warranted. Use the lowest possible corticosteroid dose and monitor for corticosteroid side effects.
- e DRV/r decreased the exposure of active metabolite (beclometasone-17-monopropionate) but no significant effect on adrenal function was seen.