

Bronchodilators (for COPD) 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
Long acting muscarinic antagonists																				
Acclidinium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Glycopyrronium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tiotropium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Umeclidinium bromide	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔
Short acting muscarinic antagonist																				
Ipratropium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Long acting β2 agonists																				
Formoterol	↔♥	↔♥	↔	↔	↔♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Indacaterol	↑ ^a	↑ ^a	↑ ^a	↑ ^a	↑ ^a	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^a	↑ ^a	↔	↔	↔	↔	↔
Olodaterol	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔
Salmeterol	↑♥	↑♥	↑♥	↑♥	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑♥	↑♥	↔	↔	↔	↔	↔
Vilanterol	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔
Short acting β2 agonists																				
Salbutamol (albuterol)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔
Methylxanthines																				
Aminophylline	↔	↓	↔	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Theophylline	↔	↓	↔	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phosphodiesterase 4 inhibitors																				
Roflumilast	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔
Inhaled corticosteroids																				
Beclometasone	↑ ^b	↑ ^b	↔ ^c	↔ ^c	↑ ^b	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^b	↑ ^b	↔	↔	↔	↔	↔
Budesonide	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔
Fluticasone	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔

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 <i>a priori</i> dosage adjustment is recommended.

Text Legend

- ↑ Potential increased exposure of the bronchodilator
- ↓ Potential decreased exposure of the bronchodilator
- ↔ No significant effect
- ♥ One or both drugs may cause QT and/or PR prolongation. ECG monitoring is advised if coadministered with atazanavir or lopinavir; caution is advised with rilpivirine as supratherapeutic doses of rilpivirine (75 and 300 mg once daily) were shown to prolong the QT interval.
- ♡ Potential QT and/or PR prolongation due to the bronchodilator. Use with caution; ECG monitoring recommended.

Text Legend

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

Notes

- a Exposure can be increased by up to 2-fold with ritonavir (and may be similar with cobicistat), however, this increase does not raise any concerns based on indacaterol's safety data.
- b Coadministration of ritonavir (100 mg twice daily) increased the AUC of the active metabolite (beclometasone-17-monopropionate) by 108% but no significant effect on adrenal function was seen. Caution is still warranted, use the lowest possible corticosteroid dose and monitor for corticosteroid side effects.
- c DRV/r decreased the AUC of active metabolite (beclometasone-17-monopropionate) by 11%, but no significant effect on adrenal function was seen.