## Bronchodilators (for COPD) Treatment Selector

### Fluticasone
- **Long acting muscarinic antagonists**
  - Formoterol: ↑
  - Indacaterol: ↑
  - Olodaterol: ↑
  - Salmeterol: ↑
  - Vilanterol: ↑

### Budesonide
- **Short acting β2 agonists**
  - Formoterol: ↑
  - Indacaterol: ↑
  - Olodaterol: ↑
  - Salmeterol: ↑
  - Vilanterol: ↑

### Methylxanthines
- **Short acting β2 agonists**
  - Salmeterol: ↑
  - Vilanterol: ↑

### Phosphodiesterase 4 inhibitors
- **Salmeterol (albuterol)**
  - Formoterol: ↑
  - Indacaterol: ↑
  - Olodaterol: ↑
  - Salmeterol: ↑
  - Vilanterol: ↑

### Inhaled corticosteroids
- **Formoterol**
  - Formoterol: ↑
- **Budesonide**
  - Budesonide: ↑
- **Fluticasone**
  - 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 a priori 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.
- ▲: Potential QT and/or PR prolongation due to the bronchodilator. Use with caution; ECG monitoring recommended.
- ▼: No clinically significant interaction expected.

### 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 side effects.
- c) DRV/r decreased the AUC of active metobolite (beclometasone-17-monopropionate) by 11%, but no significant effect on adrenal function was seen.