

Bronchodilators (for COPD) Treatment Selector

Charts revised March 2021. 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	ABC	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	↔ ^b	↔ ^b	↔	↔	↔ ^b	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Indacaterol	↑ ^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	↓11% ^c	↑ ^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 *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. 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.

Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

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.