### Bronchodilators (for COPD) Treatment Selector

**Long acting muscarinic antagonists**
- Fluticasone
- Ciclesonide
- Budesonide

**Inhaled corticosteroids**
- Roflumilast
- Theophylline

**Phosphodiesterase 4 inhibitors**
- Ipratropium
- Umeclidinium bromide
- Glycopyrronium bromide
- Aclidinium

### Interactions with CAB/RPV long acting injections

Pharmacokinetic interactions shown are mostly with RPV. QT interactions shown are with RPV.

Interactions with Ibalizumab
None

Interactions with Abacavir (ABC), Lamivudine (3TC) or Zidovudine (ZDV)
ABC: No clinically relevant interactions expected.

3TC: No clinically relevant interactions expected.

ZDV: No clinically relevant interactions expected.

### 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 with fostemsavir and drugs with a known QT prolongation risk.
- Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

### Notes
- 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.
- 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.
- DR/N decreased the AUC of active metabolite (beclometasone-17-monopropionate) by 11%, but no significant effect on adrenal function was seen.
- Risk of elevated corticosteroid levels, Cushing's syndrome and adrenal suppression. This risk is present for oral and injected administration, and also for topical, inhaled or eye drop formulations.
- No dose adjustment required but monitor closely, especially for signs of Cushing's syndrome when using a high dose or prolonged administration.

**Abbreviations**
- ATP: Atracurium
- ATIV: Atorvastatin
- DRV: Darunavir
- DTG: Dolutegravir
- EVG: Efavirenz
- LPV: Lopinavir
- NVP: Nevirapine
- TAF: Tenofovir alafenamide
- TDF: Tenofovir disoproxil fumarate
- FTC: Emtricitabine
- EFV: Efavirenz
- FTC/TAF: FTC/TAF
- EFV/3TC: EFV/3TC
- ATV/c: ATV/c
- DRV/r: DRV/r
- LPV/r: LPV/r
- ATIV/3TC: ATIV/3TC
- DRV/d: DRV/d
- NVP: NVP
- APV: Adefovir
- TDF/FTC: TDF/FTC