

Corticosteroid Treatment Selector

Charts revised November 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				
Inhaled	Beclometasone	↑ ^a	↓ ^b	↑ ^a	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^a	↑ ^a		
	Budesonide	↑ ^c	↑ ^c	↑ ^c	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^c	↑ ^c	
	Fluticasone	↑ ^c	↑ ^c	↑ ^c	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^c	↑ ^c
	Mometasone	↑ ^c	↑ ^c	↑ ^c	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^c	↑ ^c
Topical	Clobetasol	↑ ^{c,d}	↑ ^{c,d}	↑ ^{c,d}	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^{c,d}	↑ ^{c,d}
	Fluocinolone	↑ ^{c,d}	↑ ^{c,d}	↑ ^{c,d}	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^{c,d}	↑ ^{c,d}
	Hydrocortisone (topical)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Other	Betamethasone	↑ ^c ↓ ^e	↑ ^c ↓ ^e	↑ ^c ↓ ^e	↓	↓	↓	↓ ^e	↓ ^e	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^c ↓ ^e	↑ ^c ↓ ^e
	Dexamethasone	↑ ^c ↓	↑ ^c ↓	↑ ^c ↓	↓↓	↓↓	↓↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^c ↓	↑ ^c ↓
	Hydrocortisone (oral)	↑ ^c	↑ ^c	↑ ^c	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^c	↑ ^c
	Methylprednisolone	↑ ^c	↑ ^c	↑ ^c	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^c	↑ ^c
	Prednisolone	↑ ^c	↑ ^c	↑ ^c	↓40%	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^c	↑ ^c
	Prednisone	↑ ^c	↑ ^c	↑ ^c	↓40%	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^c	↑ ^c
	Triamcinolone	↑ ^c	↑ ^c	↑ ^c	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^c	↑ ^c

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 corticosteroid
- ↓ Potential decreased exposure of the corticosteroid
- ↘ Potential decreased exposure of HIV drug
- ↔ No significant effect

Numbers refer to increased or decreased AUC of the corticosteroid as observed in drug-drug interaction studies.

- a Coadministration of ritonavir (100 mg twice daily) increased the concentrations of the active metabolite (beclometasone-17-monopropionate) 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.
- b DRV/r decreased the exposure of active metabolite (beclometasone-17-monopropionate) but no significant effect on adrenal function was seen.
- c 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 drops corticosteroids
- d The extent of percutaneous absorption is determined by many factors such as degree of inflammation and alteration of the skin, duration, frequency and surface of application, and use of occlusive dressings.
- e Betamethasone is a moderate inducer of CYP3A4 and could decrease HIV drug exposure and efficacy, particularly when administered orally or intravenously at high doses or for a long duration.