

Corticosteroid Treatment Selector

Charts reviewed October 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	ABC	FTC or 3TC	F/TAF	TDF	ZDV
Inhaled																					
Beclometasone	↑ ^a	↑ ^a	↔ ^b	↓11% ^b	↑ ^a	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^a	↑ ^a	↔	↔	↔	↔	↔	↔
Budesonide	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^c	↑ ^c	↔	↔	↔	↔	↔	↔
Ciclesonide	↑ ^d	↑ ^d	↑ ^d	↑ ^d	↑ ^d	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^d	↑ ^d	↔	↔	↔	↔	↔	↔
Flunisolide	↑ ^e	↑ ^e	↑ ^e	↑ ^e	↑ ^e	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^e	↑ ^e	↔	↔	↔	↔	↔	↔
Fluticasone	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^c	↑ ^c	↔	↔	↔	↔	↔	↔
Mometasone	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^c	↑ ^c	↔	↔	↔	↔	↔	↔
Topical																					
Clobetazol	↑ ^{c,f}	↑ ^{c,f}	↑ ^{c,f}	↑ ^{c,f}	↑ ^{c,f}	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^{c,f}	↑ ^{c,f}	↔	↔	↔	↔	↔	↔
Fluocinolone	↑ ^{c,f}	↑ ^{c,f}	↑ ^{c,f}	↑ ^{c,f}	↑ ^{c,f}	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^{c,f}	↑ ^{c,f}	↔	↔	↔	↔	↔	↔
Hydrocortisone (topical)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Other																					
Betamethasone	↑ ^c ↓ ^g	↑ ^c ↓ ^g	↑ ^c ↓ ^g	↑ ^c ↓ ^g	↑ ^c ↓ ^g	↓ ^h	↓	↓	↓	↓ ^g	↓ ^g	↓ ⁱ	↔	↑ ^c ↓ ^g	↑ ^c ↓ ^g	↔	↔	↔	↔	↔	↔
Dexamethasone	↑ ^c ↓	↑ ^c ↓	↑ ^c ↓	↑ ^c ↓	↑ ^c ↓	↓ ^h	↓	↓	↓	↓	↓	↓	↔	↑ ^c ↓	↑ ^c ↓	↔	↔	↔	↔	↔	↔
Hydrocortisone (oral)	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^c	↑ ^c	↔	↔	↔	↔	↔	↔
Methylprednisolone	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^c	↑ ^c	↔	↔	↔	↔	↔	↔
Prednisolone	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↔	↓20%	↓	↓	↔	↔	↔	↔	↑ ^c	↑ ^c	↔	↔	↔	↔	↔	↔
Prednisone	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↔	↓20%	↓	↓	↔	↔	↔	↑11%	↑ ^c	↑ ^c	↔	↔	↔	↔	↔	↔
Triamcinolone	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^c	↑ ^c	↔	↔	↔	↔	↔	↔

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 corticosteroid
 - ↓ Potential decreased exposure of the corticosteroid
 - ↔ No significant effect
 - ↑↑ Potential increased exposure of HIV drug
 - ↓↓ Potential decreased exposure of HIV drug
- Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

Notes

- a 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.
- b DRV/r decreased the AUC of active metabolite (beclometasone-17-monopropionate) by 11%, 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 No dose adjustment required but monitor closely, especially for signs of Cushing's syndrome when using a high dose or prolonged administration.
- e Use the lowest possible flunisolide dose with monitoring for corticosteroid side effects.
- f 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.
- g 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.
- h If coadministration cannot be avoided, doravirine should be administered 100 mg twice daily (based on the interaction study with rifabutin, another moderate inducer) and maintained at this dose for at least another two weeks following cessation of the corticosteroid.
- i No effect on emtricitabine or tenofovir alafenamide is expected, but bictegravir concentrations may decrease.