### Corticosteroid Treatment Selector

**Charts revised December 2023. Full information available at www.hiv-druginteractions.org**

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<th>ATV/r</th>
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<th>DRV/r</th>
<th>LPV/r</th>
<th>DOR</th>
<th>EFV</th>
<th>ETV</th>
<th>NVP</th>
<th>RPV</th>
<th>RPV oral</th>
<th>FTR</th>
<th>LEN</th>
<th>MVC</th>
<th>BIC/FTAF</th>
<th>CAB oral</th>
<th>CAB/RPV</th>
<th>DTG</th>
<th>EVG/c/FTAF</th>
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<th>RAL</th>
<th>FTC/ TAF</th>
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### Interactions with CAB/RPV long acting injections

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

### Interactions with Lenacapavir

Residual LEN may affect exposure of sensitive CYP3A4 substrates initiated within 9 months after stopping subcutaneous LEN.

### Interactions with Ibalizumab

None

### Colour Legend

- **Light grey**: No clinically significant interaction expected.
- **Red**: These drugs should not be coadministered.
- **Orange**: Potential interaction which may require a dose adjustment or close monitoring.
- **Green**: Potential interaction predicted to be of weak intensity.
- **Blue**: No a priori dosage adjustment is recommended.

### Text Legend

- **Light blue**: Potential increased exposure of the corticosteroid
- **Orange**: Potential decreased exposure of the corticosteroid
- **Black**: No significant effect

**Notes**

- a Co-administration of ritonavir (100 mg twice daily) increased the AUC of the active metabolite (beclomethasone-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 (beclomethasone-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 drop formulations. The risk of Cushing’s syndrome is expected to be less with low dose desamethasone and short treatment duration than with higher doses and long treatment duration.
- 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 two weeks following cessation of the corticosteroid.
- i No effect on enfuvirtide or tenofovir alafenamide is expected, but bicitravin concentrations may decrease.