Corticosteroid Treatment Selector

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

	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV oral	FTR	LEN	MVC	BIC/ F/TAF	CAB oral	CAB/ RPV	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	FTC/ TAF	FTC/ TDF
Inhaled																						
Beclometasone	↑a	↑a	↔b	↓11% b	↑a	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Budesonide	↑c	↑c	↑c	↑c	↑c	↔	↓	↓	↓	↔	↔	↑c	↔	↔	↔	↔	↔	↑c	↑c	↔	↔	↔
Ciclesonide	↑d	↑d	↑d	↑d	↑d	↔	↔	↔	↔	↔	↔	↑d	↔	↔	↔	↔	↔	↑d	↑d	↔	↔	↔
Flunisolide	↑e	↑e	↑e	↑e	↑e	↔	↓	↓	↓	↔	↔	↑e	↔	↔	↔	↔	↔	↑e	↑e	↔	↔	↔
Fluticasone	↑c	↑c	↑c	↑c	↑c	↔	↓	↓	↓	↔	↔	↑c	↔	↔	↔	↔	↔	↑c	↑c	↔	↔	↔
Mometasone	↑c	↑c	↑c	↑c	↑c	↔	↓	↓	↓	↔	↔	↑c	↔	↔	↔	↔	↔	↑c	↑c	↔	↔	↔
Topical																						
Clobetasol	↑c,f	↑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	↑c,f	↔	↔	↔
Hydrocortisone (topical)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Other																						
Betamethasone	↑c⇓g	↑c⇓g	↑c⇓g	↑c⇓g	↑c⇓g	⇓ h	↓	↓	↓	⇓g	⇓	↑c⇓g	⇓g	⇓ i	↔	⇓	↔	↑c⇓g	↑c⇓g	↔	↔	↔
Dexamethasone (>16 mg)	↑c ⇓	↑c ⇓	↑c ⇓	↑c ⇓	↑c ⇓	⇓ h	↓⇓	↓⇓	↓⇓	⇓	⇓	↑c⇓	⇓	⇓ i	↔	⇓	↔	↑c⇓	↑c⇓	↔	↔	↔
Dexamethasone (≤16 mg)	↑c	↑c	↑c	↑c	↑c	↔	↓	↓	↓	⇓	↔	↑c	⇓	↔	↔	⇓	↔	↑c	↑c	↔	↔	↔
Hydrocortisone (oral)	↑c	↑c	↑c	↑c	↑c	↔	↓	↓	↓	↔	↔	↑c	↔	↔	↔	↔	↔	↑c	↑c	↔	↔	↔
Methylprednisolone	↑c	↑c	↑c	↑c	↑c	↔	↓	↓	↓	↔	↔	↑c	↔	↔	↔	↔	↔	↑c	↑c	↔	↔	↔
Prednisolone	↑c	↑c	↑c	↑c	↑c	↔	↓20%	↓	↓	↔	↔	↑c	↔	↔	↔	↔	↔	↑c	↑c	↔	↔	↔
Prednisone	↑c	↑c	↑c	↑c	↑c	↔	↓20%	↓	↓	↔	↔	↑c	↔	↔	↔	↔	⇑ 11%	↑c	↑c	↔	↔	↔
Triamcinolone	↑c	↑c	↑c	↑c	↑c	↔	↓	↓	↓	↔	↔	↑c	↔	↔	↔	↔	↔	↑c	↑c	↔	↔	↔

Interactions with CAB/RPV long acting injections
Pharmacokinetic interactions shown are mostly with RPV.
QT interactions 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

Interactions with Abacavir (ABC), Lamivudine (3TC), Tenofovir-DF (TDF) or Zidovudine (ZDV)
ABC: No clinically relevant interactions expected.
3TC: No clinically relevant interactions expected.
TDF: 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 corticosteroid
↓ Potential decreased exposure of the corticosteroid
↔ No significant effect
⇑ Potential increased exposure of HIV drug
⇓ Potential decreased exposure of HIV drug

♥ One or both drugs may cause QT and/or PR prolongation.
ECG monitoring is advised if coadministered with atazanavir or lopinavir.
Rilpivirine and fostemsavir were shown to prolong the QT interval at supratherapeutic doses. Caution is advised with rilpivirine. 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

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 drop formulations. The risk of Cushing's syndrome is expected to be less with low dose dexamethasone 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 another two weeks following cessation of the corticosteroid.

i No effect on emtricitabine or tenofovir alafenamide is expected, but bictegravir concentrations may decrease.

Abbreviations ATV atazanavir DRV darunavir LPV lopinavir /c cobicistat /r ritonavir DOR doravirine EFV efavirenz ETV etravirine NVP nevirapine RPV rilpivirine
FTR fostemsavir LEN lenacapavir MVC maraviroc BIC bictegravir CAB cabotegravir DTG dolutegravir EVG elvitegravir RAL raltegravir F or FTC emtricitabine TAF tenofovir alafenamide TDF tenofovir-DF