The oxaliplatin effect may be potentially antagonised due to its reduced entry into the tumour cell arising from the inhibition of receptor expression. Coadministration may affect bictegravir concentrations. In addition, ifosfamide concentrations of parent drug decreased but concentrations of the active metabolite and toxic metabolite increased.

Coadministration may increase concentrations of cisplatin and FTC. Close monitoring of renal function is recommended. The cytostatic agent may impair renal function: monitor creatinine and electrolytes.

Interactions with Abacavir (ABC), Lamivudine (3TC) or Zidovudine (ZDV)
ABC: ABC may compete for the metabolic pathways of capcitabine and fluorouracil (clinical relevance unknown).
3TC: 3TC may compete for the metabolic pathways of capcitabine and fluorouracil (clinical relevance unknown).
3TC: Concentrations of cisplatin and 3TC could increase if coadministered. Furthermore, cisplatin may impair renal function. Close monitoring creatinine clearance.
3TC: Concentrations of oxaliplatin and 3TC could increase if coadministered. Monitor side effects.
ZDV: Potential additive haematological toxicity with capcitabine, carboplatin, chlorambucil, cisplatin, cyclophosphamide, cytarabine, dacarbazine, dacitinomycin, daunorubicin, docetaxel, doxorubicin, epirubicin, etoposide, fluorouracil, gemcitabine, ifosfamide, irinotecan, mercaptopurine, methotrexate, oxaliplatin, paclitaxel, procarbazine, vinblastine, vincristine.

**Text Legend:**
- ↑ Potential increased exposure of the cancer drug
- ↓ Potential decreased exposure of HIV drug
- ↔ No significant effect
- ♥ One or both drugs may cause QT and/or PR prolongation.
- ECfG monitoring is advised if coadministered with lopinavir or ritonavir.
- Rifampin and fostemsavir were shown to prolong the QT interval at supratherapeutic doses. Caution is advised with rifampin. ECG monitoring is advised with fostemsavir and drugs with a known QT prolongation risk.

**Notes:**
a. Cystostatic agent may induce cardiac toxicity including arrhythmias and/or non-specific ECG abnormalities; caution is warranted in presence of other drugs with potential effects on PR and QT intervals.
b. Potential additive nephrotoxicity.
c. The cystostatic agent may impair renal function; monitor creatinine clearance and adjust NRTI dosage accordingly (may require a change from a single tablet regimen).
d. Coadministration may increase concentrations of cisplatin and FTC. Close monitoring of renal function is recommended.
e. Concentrations of parent drug decreased but concentrations of the active metabolite increased.
f. Concentrations of parent drug decreased but concentrations of the active metabolite and toxic metabolite increased.
g. Concentrations of dacarbazine and tenovir may increase. Close monitoring of renal function is recommended.
h. Concentrations of parent drug increased but concentrations of the active metabolite decreased which may result in decreased efficacy.
i. Coadministration may affect bictegravir concentrations. In addition, ifosfamide and tenofovir alafenamide may show additive renal toxicity.
j. The oxaliplatin effect may be potentially antagonised due to its reduced entry into the tumour cell arising from the inhibition of OCT2.
k. Use in HIV patients is contraindicated by some manufacturers.
l. Concentrations of SN-38 (active metabolite) increased.
m. Coadministration is contraindicated in the atazanavir US product label, but the European product label recommends patients should be closely monitored for adverse reactions related to intracellular.

**Conversion of SN-38 to inactive metabolite increased.**

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

**Interactions with Ibalizumab**
None
## Cancer Therapies Treatment Selector (2)

### Abbreviations
- ATV/c: Atazanavir/ritonavir
- DRV/c: Darunavir/ritonavir
- DRV: Darunavir
- DRV/ c: Darunavir/ritonavir
- EFV: Efavirenz
- ETV: Etravirine
- NVP: Nevirapine
- TDF: Tenofovir disoproxil fumarate
- FTC/ FTC: Emtricitabine/tenofovir disoproxil fumarate
- TAF: Tenofovir alafenamide
- LPV/ IVP: Lopinavir/ritonavir
- LPV/ IVP: Lopinavir/ritonavir
- EVG/c: Efavirenz/ritonavir
- EVG/c: Efavirenz/ritonavir
- ETV: Efavirenz
- EMTR: Emtricitabine
- MVC: Maraviroc
- BIC: Bictegravir
- CAB: Cabotegravir
- DTG: Dolutegravir
- EVG: Efavirenz
- EFV: Efavirenz
- RAL: Raltegravir
- CTB: Cabotegravir
- TAF: Tenofovir alafenamide
- FTC: Emtricitabine
- TDF: Tenofovir disoproxil fumarate
- DF: Dolutegravir
- LPV: Lopinavir

### Colour Legend
- **None**: No clinically significant interaction expected.
- **Red**: These drugs should not be coadministered.
- **Yellow**: Potential interaction which may require a dose adjustment or close monitoring.
- **Green**: Potential interaction predicted to be of weak intensity.
- **Blue**: No prior dosage adjustment is recommended.

### Interactions with CAB/RPV long acting injections

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

### Interactions with Ibalizumab

**None**

### Notes
- Coadministration may decrease bictegravir concentrations, but no effect on etravirine or tenofovir alafenamide is expected.
- Fostemsavir were shown to prolong the QT interval at supratherapeutic doses. Caution is advised.
- Potential increased 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.
- Potential additive haematological toxicity with bortezomib, imatinib, nilotinib, pazopanib, and polatuzumab vedotin are antibody drug conjugates.
- Interactions with Abacavir (ABC), Lamivudine (3TC) or Zidovudine (ZDV)
  - ABC: Enzalutamide may decrease ABC concentrations, although to a limited extent.
  - No a priori dose adjustment is required.
  - 3TC: No clinically relevant interactions expected.
  - ZDV: Potential additive haematological toxicity with bortezomib, imatinib, trastuzumab, trastuzumab emtansine.

### Abbreviations

- **Tyrosine Kinase Inhibitors**
  - **Dasatinib**
  - **Erlotinib**
  - ** Gefitinib**
  - **Imatinib**
  - **Lapatinib**
  - **Nilotinib**
  - **Pazopanib**
  - **Sunitinib**

- **Others**
  - **Axitinib**
  - **Avosetib**
  - **Bortezomib**
  - **Brentuximab vedotin**
  - **Cetuximab**
  - **Enzalutamide**
  - **Erlotinib**
  - **Polatuzumab vedotin**
  - **Sorafenib**
  - **Tamoxifen**
  - **Tensirolimus**
  - **Trastuzumab**
  - **Trastuzumab emtansine**

### Text 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 prior dosage adjustment is recommended.**

### Interactions with CAB/RPV long acting injections

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### Interactions with CAB/RPV long acting injections

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

### Interactions with Ibalizumab

**None**

### Notes

- Coadministration of once daily raltegravir is not recommended. Enzalutamide has a long half-life (5.8 days), therefore the raltegravir dose should be kept at 800 mg twice daily for a minimum of 2 weeks (but preferably 4 weeks) following cessation of enzalutamide due to the persisting inducing effect upon discontinuation of a strong inducer.
- Consider increasing raltegravir to 800 mg twice daily when coadministering with enzalutamide. Coadministration of once daily raltegravir is not recommended. Enzalutamide has a long half-life (5.8 days), therefore the raltegravir dose should be kept at 800 mg twice daily for a minimum of 2 weeks (but preferably 4 weeks) following cessation of enzalutamide due to the persisting inducing effect upon discontinuation of a strong inducer.