

Anti-Hypertensive Treatment Selector

Charts revised July 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
ACE Inhibitors	Cilazapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Enalapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Lisinopril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Perindopril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Quinapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Ramipril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Trandolapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Angiotensin Antagonists	Candesartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Irbesartan	↓	↓	↓	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓
	Losartan	↓ ^a	↓ ^a	↓ ^a	↑ ^b	↑ ^b	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓ ^a	↓ ^a
	Olmesartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Telmisartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Valsartan	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
β Blockers	Atenolol	↔ ^d	↔	↔ ^d	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Bisoprolol	↑ ^d	↑	↑ ^d	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Carvedilol	↑ ^d ↓	↑↓	↑ ^d ↓	↑↓	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Metoprolol	↑ ^d	↑	↑ ^d	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Propranolol	↑ ^d	↑	↑ ^d	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
Calcium Channel Agonists	Amlodipine	↑ ^c	↑	↑ ^d	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Diltiazem	↑ ^c	↑	↑ ^d	↓69%	↓↑	↓	↑	↑	↔	↔	↔	↔	↔	↔	↑	↑
	Felodipine	↑ ^c	↑	↑ ^d	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Lacidipine	↑ ^c	↑	↑ ^d	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Lercanidipine	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Nicardipine	↑ ^c	↑	↑ ^d	↓	↓↑	↓	↑	↑	↔	↔	↔	↔	↔	↔	↑	↑
	Nifedipine	↑ ^c	↑	↑ ^d	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Nisoldipine	↑ ^c	↑	↑ ^d	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
Verapamil	↑ ^c	↑	↑ ^d	↓	↓↑	↓	↑	↑	↔	↔	↔	↔	↔	↑	↑	↑↑	
Diuretics	Amiloride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Bendroflumethiazide	?	?	?	?	?	?	↔	↔	↔	↔	↔	↔	↔	↔	?	?
	Chlorthalidone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Furosemide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↔	↑
	Indapamide	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
Torsemide	↓	↓	↓	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓	
Others	Doxazosin	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Spironolactone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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 antihypertensive
- ↓ Potential decreased exposure of the antihypertensive
- ↔ No significant effect
- ↑ Potential increased exposure of HIV drug

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

- a Concentrations of parent drug decreased but concentrations of active metabolite increased.
- b Concentrations of parent drug increased but concentrations of active metabolite decreased.
- c ECG monitoring recommended
- d Risk of PR interval prolongation

Note: although some drug interactions are predicted to potentially require a dosage adjustment based on the drug's metabolic pathway, clinical experience with a particular antihypertensive and HIV drug may indicate that dosage adjustments are not an a priori requirement.

Abbreviations ATV atazanavir DRV darunavir LPV lopinavir /r ritonavir EFV efavirenz ETV etravirine NVP nevirapine RPV rilpivirine MVC maraviroc DTG dolutegravir RAL raltegravir ABC abacavir FTC emtricitabine 3TC lamivudine TDF tenofovir disoproxil fumarate ZDV zidovudine E/C/F/ E/C/F/ Elvitegravir/Cobicistat/FTC TAF tenofovir alafenamide

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