

Anti-Hypertensive Treatment Selector

Charts revised March 2021. 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
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	↑♥	↔♥	↑	↔	↔♥	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↑	↑	↔	↔	c	↔
Bisoprolol	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Carvedilol	↑♥	↑↓♥	↑	↑↓	↑↓♥	↔	↑↓	↑↓	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Metoprolol	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Propranolol	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Calcium Channel Agonists																					
Amlodipine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Diltiazem	↑♥	↑♥	↑	↑	↑♥	↑	↓69%	↓↑	↓	↑	↑	↑ ^d	↔	↑	↑	↔	↔	↔	↔	↔	↔
Felodipine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Lacidipine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Lercanidipine	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Nicardipine	↑♥	↑♥	↑	↑	↑♥	↑	↓	↓↑	↓	↑♥	↑	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Nifedipine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Nisoldipine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Verapamil	↑♥	↑♥	↑	↑	↑♥	↑	↓	↓↑	↓	↑	↑	↑ ^e	↔	↑	↑↑	↔	↔	↔	↔	↑ ^f	↑
Diuretics																					
Amiloride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	g	↔
Bendroflumethiazide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Chlortalidone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
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 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 antihypertensive
- ↓ Potential decreased exposure of the antihypertensive
- ↔ No significant effect
- ♥ One or both drugs may cause QT and/or PR prolongation. ECG monitoring is advised if coadministered with atazanavir or lopinavir; caution is advised with rilpivirine as supratherapeutic doses of rilpivirine (75 and 300 mg once daily) were shown to prolong the QT interval.
- Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.
- ↑ Potential increased exposure of HIV drug

Notes

- 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 Concentrations of lamivudine and/or atazanavir may increase due to competition for renal transport proteins; no interaction is expected with emtricitabine.
- d Coadministration may increase bictegravir concentrations; no effect on emtricitabine or tenofovir alafenamide is expected.
- e Coadministration may increase bictegravir and tenofovir alafenamide concentrations; no effect on emtricitabine is expected.
- f Coadministration may increase tenofovir alafenamide concentrations; no effect on emtricitabine is expected.
- g Concentrations of lamivudine and/or amiloride may increase due to competition for renal transport proteins; no interaction is expected with emtricitabine.

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.