

# Immunosuppressants (for SOT) Treatment Selector

Charts reviewed October 2018. Full information available at [www.hiv-druginteractions.org](http://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
CS	Prednisone	↑ <sup>a</sup>	↑ <sup>a</sup>	↑ <sup>a</sup>	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
AM	Azathioprine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ <sup>b</sup>	↔	↔
	Mycophenolate	↓	↓	↓	↓	↔	↓↓13%	↔	↔	↔	↔	↓?	↔	↔	↔	↑↑ <sup>c</sup>	↓?	↔
CNI	Ciclosporin	↑ <sup>e</sup>	↑ <sup>e</sup>	↑ <sup>e</sup>	↓ <sup>e</sup>	↓ <sup>e</sup>	↓ <sup>e</sup>	↑	↑	↔	↔	↔	↔	↔	↔	↔	↑ <sup>e</sup>	↑ <sup>e</sup>
	Tacrolimus*	↑ <sup>e</sup>	↑ <sup>e</sup>	↑ <sup>e</sup>	↓ <sup>e</sup>	↓ <sup>e</sup>	↓ <sup>e</sup>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ <sup>e</sup>	↑ <sup>e</sup>
mTOR	Everolimus	↑ <sup>e</sup>	↑ <sup>e</sup>	↑ <sup>e</sup>	↓ <sup>e</sup>	↓ <sup>e</sup>	↓ <sup>e</sup>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ <sup>e</sup>	↑ <sup>e</sup>
	Sirolimus	↑ <sup>e</sup>	↑ <sup>e</sup>	↑ <sup>e</sup>	↓ <sup>e</sup>	↓ <sup>e</sup>	↓ <sup>e</sup>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ <sup>e</sup>	↑ <sup>e</sup>
Other	Anti-thymocyte globulin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ <sup>b</sup>	↔ <sup>b</sup>
	Basiliximab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Belatacept	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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

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

- CS Corticosteroids
- AM Antimetabolites
- CNI Calcineurin inhibitors
- mTOR mTOR inhibitors

- a Risk of elevated corticosteroid levels, Cushing's syndrome and adrenal suppression.
- b Potential additive haematotoxicity.
- c Monitor renal function.
- d Concentrations of tenofovir-DF may increase, but no effect on elvitegravir, cobicistat or emtricitabine is expected. Monitor renal function.
- e TDM of immunosuppressant is recommended.