

Immunosuppressants (for SOT) 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 | |
|-------------------------------|------------------|------------------|----------------|----------------|------------------|----------------|----------------|----------------|----------------|------|-----|----------------|-----|-----------------|-----------------|----------------|-----|---------------|-------|----------------|----------------|---|
| Corticosteroids | | | | | | | | | | | | | | | | | | | | | | |
| Prednisone | ↑ ^a | ↑ ^a | ↑ ^a | ↑ ^a | ↑ ^a | ↔ | ↓20% | ↓ | ↓ | ↔ | ↔ | ↔ | ↔ | ↑11% | ↑ ^a | ↑ ^a | ↔ | ↔ | ↔ | ↔ | ↔ | |
| Antimetabolites | | | | | | | | | | | | | | | | | | | | | | |
| Azathioprine | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ ^b | |
| Mycophenolate | ↔ | ↓ ^c | ↔ | ↓ ^c | ↓ ^c | ↔ | ↓ ^c | ↔ | ↓ ^c | ↓13% | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↓? | ↔ | ↔ | ↔ | ↔ |
| Calcineurin inhibitors | | | | | | | | | | | | | | | | | | | | | | |
| Ciclosporin | ↑ ^c | ↑ ^c | ↑ ^c | ↑ ^c | ↑ ^c | ↑ | ↓ ^c | ↓ ^c | ↓ ^c | ↑ | ↑ | ↑ ^g | ↔ | ↑ ^c | ↑ ^c | ↔ | ↔ | ↔ | ↔ | ↑ ^h | ↑ ^e | ↔ |
| Tacrolimus | ↑ ^c ▼ | ↑ ^c ▼ | ↑ ^c | ↑ ^c | ↑ ^c ▼ | ↓ ^c | ↓ ^c | ↓ ^c | ↓ ^c | ↔▼ | ↔ | ↔ | ↔ | ↑ ^c | ↑ ^c | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ ^e | ↔ |
| mTOR inhibitors | | | | | | | | | | | | | | | | | | | | | | |
| Everolimus | ↑ | ↑ | ↑ | ↑ | ↑ | ↔ | ↓ ^c | ↓ ^c | ↓ ^c | ↔ | ↔ | ↔ | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ |
| Sirolimus | ↑ | ↑ | ↑ | ↑ | ↑ | ↓ ^c | ↓ ^c | ↓ ^c | ↓ ^c | ↔ | ↔ | ↔ | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ ^e | ↔ |
| Other | | | | | | | | | | | | | | | | | | | | | | |
| Anti-thymocyte globulin | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ ^b | ↔ ^b | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ |
| Basiliximab | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ |
| Belatacept | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ |

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 immunosuppressant
 - ↓ Potential decreased exposure of the immunosuppressant
 - ↔ 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.
 - ↕ Potential increased exposure of HIV drug
 - ⇓ Potential decreased exposure of HIV drug
- Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

Notes

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