

Immunosuppressants (for SOT) Treatment Selector

Charts revised October 2022. 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 oral	FTR	LEN	MVC	BIC/F/TAF	CAB oral	CAB/RPV	DTG	EVG/c/F/TAF	EVG/c/F/TDF	RAL	FTC/TAF	FTC/TDF	
Corticosteroids																							
Prednisone	↑ a	↑ a	↑ a	↑ a	↑ a	↔	↓ 20%	↓	↓	↔	↔	↑ a	↔	↔	↔	↔	↔	↑ 11%	↑ a	↑ a	↔	↔	↔
Antimetabolites																							
Azathioprine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mycophenolate	↔	↓ b	↔	↓ b	↓ b	↔	↓ b	↔	↓ b	↓ 13%	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ c	↔	↔	↑ d
Calcineurin inhibitors																							
Ciclosporin	↑ b	↑ b	↑ b	↑ b	↑ b	↑	↓ b	↓ b	↓ b	↓ b	↑	↔	↑ b	↑	↑ e	↔	↑	↔	↑ b	↑ b	↔	↑ f	↑ g
Tacrolimus	↑ b ♥	↑ b ♥	↑ b	↑ b	↑ b ♥	↓ b	↓ b	↓ b	↓ b	↔ ♥	↔ ♥	↑ b	↔	↔	↔	↔ ♥	↔	↔	↑ b	↑ b	↔	↔	↔ h
mTOR inhibitors																							
Everolimus	↑	↑	↑	↑	↑	↔	↓ b	↓ b	↓ b	↔	↔	↑	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Sirolimus	↑	↑	↑	↑	↑	↓ b	↓ b	↓ b	↓ b	↔	↔	↑ b	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔ h
Other																							
Anti-thymocyte globulin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Basiliximab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Belatacept	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

<p>Interactions with CAB/RPV long acting injections Pharmacokinetic interactions shown are mostly with RPV. QT interactions shown are with RPV.</p> <p>Interactions with Lenacapavir Residual LEN may affect exposure of sensitive CYP3A4 substrates initiated within 9 months after stopping subcutaneous LEN.</p> <p>Interactions with Ibalizumab None</p>	<p>Interactions with Abacavir (ABC), Lamivudine (3TC), Tenofovir-DF (TDF) or Zidovudine (ZDV) ABC: Potential decrease in mycophenolate exposure. 3TC: No clinically relevant interactions expected. TDF: Concentrations of mycophenolate and tenofovir could be increased. Monitor renal function. TDF: Ciclosporin may increase tenofovir concentrations. Monitor renal function. TDF: Monitor renal function with tacrolimus and sirolimus. ZDV: Potential risk of additive haematotoxicity with azathioprine. ZDV: Potential alteration in mycophenolate exposure, monitor plasma concentrations.</p>
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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.
Rilpivirine and fostemsavir were shown to prolong the QT interval at supratherapeutic doses. Caution is advised with rilpivirine. ECG monitoring is advised with fostemsavir and drugs with a known QT prolongation risk.
- Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

- ↑↑ Potential increased exposure of HIV drug
- ↓↓ Potential decreased exposure of HIV drug

Notes

- a Risk of elevated corticosteroid levels, Cushing's syndrome and adrenal suppression. This risk is present for oral and injected administration, and also for topical, inhaled or eye drop formulations.
- b TDM of immunosuppressant is recommended.
- c Concentrations of tenofovir-DF may increase, but no effect on elvitegravir, cobicistat or emtricitabine is expected. Monitor renal function.
- d Concentrations of both tenofovir and mycophenolate could be increased due to competition for active tubular secretion. Monitor renal function. No effect on emtricitabine expected.
- e Coadministration may increase concentrations of bictegravir and tenofovir alafenamide; no effect on emtricitabine is expected.
- f Coadministration may increase concentrations of tenofovir alafenamide; no effect on emtricitabine is expected.
- g Concentrations of tenofovir may increase. Monitor renal function. No effect on emtricitabine expected.
- h Monitor renal function.