

# Immunosuppressants (for SOT) Treatment Selector

Charts revised December 2023. Full information available at [www.hiv-druginteractions.org](http://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	
<b>Corticosteroids</b>																							
Prednisone	↑a	↑a	↑a	↑a	↑a	↔	↓20%	↓	↓	↔	↔	↑a	↔	↔	↔	↔	↑11%	↑a	↑a	↔	↔	↔	
<b>Antimetabolites</b>																							
Azathioprine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
Mycophenolate	↔	↓b	↔	↓b	↓b	↔	↓b	↔	↓b	↓13%	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑↑c	↔	↔	↑↑d
<b>Calcineurin inhibitors</b>																							
Ciclosporin	↑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
<b>mTOR inhibitors</b>																							
Everolimus	↑	↑	↑	↑	↑	↔	↓b	↓b	↓b	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	
Sirolimus	↑	↑	↑	↑	↑	↓b	↓b	↓b	↓b	↔	↔	↑b	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔h
<b>Other</b>																							
Anti-thymocyte globulin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Basiliximab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Belatacept	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

<p><b>Interactions with CAB/RPV long acting injections</b> Pharmacokinetic interactions shown are mostly with RPV. QT interactions shown are with RPV.</p> <p><b>Interactions with Lenacapavir</b> Residual LEN may affect exposure of sensitive CYP3A4 substrates initiated within 9 months after stopping subcutaneous LEN.</p> <p><b>Interactions with Ibalizumab</b> None</p>	<p><b>Interactions with Abacavir (ABC), Lamivudine (3TC), Tenofovir-DF (TDF) or Zidovudine (ZDV)</b> 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. Efavirenz has a potential risk of QT prolongation relating specifically to homozygous carriers of CYP2B6\*6/\*6. 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.