Pulmonary Anti-Hypertensives Treatment Selector

UNIVERSITY OF LIVERPOOL

Charts produced November 2017. Full information available at 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
ERA	Ambrisentan	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
ERA	Bosentan	↑a	↑a	↑a	↓	↓	↓b	⇓	⇓	⇓	↔	↔	↔	↔	↔	↔	↑a	↑a
ERA	Macitentan	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
PDE5	Sildenafil	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
PDE5	Tadalafil	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
sGC	Riociguat	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
PA	Epoprostenol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
PA	Iloprost	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
PA	Treprostinil	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
IPr	Selexipag	↔c	↔c	↔c	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔c	↔c

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 pulmonary antihypertensive

↓ Potential decreased exposure of the pulmonary antihypertensive   ⇓ Potential decreased exposure of HIV drug

↔ No significant effect

ERA   Endothelin receptor antagonist
PDE5   Phosphodiesterase 5 inhibitors
sCG   Soluble guanylate cyclase stimulators
PA   Prostacyclin analogues
IPr   IP receptor agonists

a   When starting bosentan in individuals already on ritonavir or cobicistat containing regimens use a bosentan dose of 62.5 mg once daily or every other day.
    Discontinue bosentan at least 36 h prior to starting a ritonavir or cobicistat containing regimen and restart after at least 10 days at 62.5 mg once daily or every other day.

b   Potential additive liver toxicity.

c   Exposure of selexipag increased, but exposure of active metabolite unchanged.