

Pulmonary Anti-Hypertensives 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
Endothelin receptor antagonists																					
Ambrisentan	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bosentan	↑ ^a	↑ ^a	↑ ^a	↑ ^a	↑ ^a	↓ ^b	↓	↓	↓ ^c	↓	↓	↓ ^d	↓	↑ ^a	↑ ^a	↔	↔	↔	↔	↔	↔
Macitentan	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Phosphodiesterase 5 inhibitors																					
Sildenafil	↑	↑	↑	↑	↑	↔	↓	↓	↓	↓3%	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tadalafil	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Soluble guanylate cyclase stimulators																					
Riociguat	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Prostacyclin analogues																					
Epoprostenol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Iloprost	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Treprostinil	↔	↔	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
IP Receptor Agonists																					
Selexipag	↔ ^e	↔ ^e	↔ ^e	↔ ^e	↑120% ^e	↔	↔	↔	↔	↔	↔	↔	↔	↔ ^e	↔ ^e	↔	↔	↔	↔	↔	↔

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 <i>a priori</i> dosage adjustment is recommended.

Text Legend

- ↑ Potential increased exposure of the pulmonary antihypertensive
 - ↓ Potential decreased exposure of the pulmonary antihypertensive
 - ↔ No significant effect
 - ↓ Potential decreased exposure of HIV drug
- Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

Notes

- a Coadministration is not recommended in the European labels, but the US labels suggest the following dose modifications:
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 If coadministration cannot be avoided, doravirine should be administered 100 mg twice daily (based on the interaction study with rifabutin, another moderate inducer) and maintained at this dose for at least another two weeks following cessation of the corticosteroid.
- c Potential additive liver toxicity.
- d Coadministration may decrease concentrations of bictegravir; no effect on emtricitabine or tenofovir alafenamide is expected.
- e Exposure of selexipag increased, but exposure of active metabolite unchanged. This change is unlikely to be clinically relevant.