## Pulmonary Anti-Hypertensives Treatment Selector

Charts reviewed December 2023. Full information available at [www.hiv-druginteractions.org](http://www.hiv-druginteractions.org)

### Notes

- **Abbreviations**
  - **ATV/c**: Atazanavir/cobicistat
  - **DRV/c**: Darunavir/cobicistat
  - **LPV/r**: Lopinavir/ritonavir
  - **ZDV**: Zidovudine
  - **TDF**: Tenofovir (DF, F/TDF)
  - **3TC**: Lamivudine (DF, F/TDF)
  - **DF (TDF)**: Tenofovir DF
  - **DF (FTC)**: Tenofovir FTC
  - **DF (ZDV)**: Zidovudine DF

- **Text Legend**
  - Daily dosing
  - Coadministration may increase therapeutic or toxic effects.
  - Coadministration may decrease therapeutic or toxic effects.
  - Significant interaction.
  - Potential interaction which may require dose adjustment or close monitoring.
  - Potential interaction predicted to be of weak intensity.

- **Interaction Phases**
  - **Ritonavir-boosted**
  - **Ritonavir-boosted and Cobicistat**

### Interactions with CAB/RPV long acting injections

**Pharmacokinetic**

- **Selexipag**
- **Iloprost**
- **Epoprostenol**
- **Tadalafil**
- **Sildenafil**
- **Macitentan**
- **Bosentan**
- **Ambrisentan**

**IP Receptor Agonists**

- **Riociguat**
- **Epoprostenol**
- **Iloprost**
- **Treprostinil**

### Interactions with Lenacapavir

Residual LEN may affect exposure of sensitive CYP3A4 substrates initiated within 9 months after stopping subcutaneous LEN.

### Interactions with Ibalizumab

None

### 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 prior 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

### Potential interaction

- **No significant effect**
- **No clinically relevant interactions expected.**

### 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 (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.
- **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 biegravir, no effect on emtricitabine or tenofovir alafenamide is expected.
- **e** Exposure of selexipag increased, but exposure of active metabolite unchanged.
- **f** This change is unlikely to be clinically relevant.