Pulmonary Anti-Hypertensives

Charts revised November 2024. Full information available at www.hiv-druginteractions.org

	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
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%f	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ e	↔ e	↔	↔	↔

Interactions with CAB/RPV long acting injections
Pharmacokinetic interactions shown are mostly with RPV.
QT interactions shown are with RPV.

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

Interactions with Ibalizumab
None

Interactions with Abacavir (ABC), Lamivudine (3TC), Tenofovir-DF (TDF) or Zidovudine (ZDV)
ABC: No clinically relevant interactions expected.
3TC: No clinically relevant interactions expected.
TDF: No clinically relevant interactions expected.
ZDV: No clinically relevant interactions expected.

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 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.

f This change is unlikely to be clinically relevant.

Abbreviations ATV atazanavir; DRV darunavir; LPV lopinavir; /c cobicistat; /r ritonavir; DOR doravirine; EFV efavirenz; ETV etravirine; NVP nevirapine; RPV rilpivirine; FTR fostemsavir; LEN lenacapavir; MVC maraviroc; BIC bictegravir; CAB cabotegravir; DTG dolutegravir; EVG elvitegravir; RAL raltegravir; F or FTC emtricitabine; TAF tenofovir alafenamide; TDF tenofovir-DF