

Herbal & Mineral Supplements Treatment Selector

Charts revised May 2023. 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 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
Herbal Supplements																						
African potato	↔	↔	↔	↔	↔	↓	↔	↔	↔	↓	↓	↓	↓	↓	↔	↓	↓	↓	↔	↓	↓ _a	↔
Aloe vera	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Black cohosh	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cat's claw	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↔	↔	↑	↔	↑	↑	↔	↔	↔
Cubeb pepper	↔	↔	↔	↔	↔	↑	↔	↔	↔	↑	↔	↑	↑	↔	↔	↑	↔	↑	↑	↔	↑ _a	↑ _a
Echinacea	↔	↔	↔	↔	↔	↓	↔	↔	↔	↓	↓	↔	↓	↓	↔	↓	↔	↔	↔	↔	↔	↔
Eucalyptus globulus	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Garlic	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↔	↓	↓	↔	↔	↓	↓	↓	↔	↓ _a	↔
Ginger	↔	↔	↔	↔	↔	↑	↔	↔	↔	↑	↔	↔	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔
Ginkgo biloba	↔	↔	↔	↔	↔	↓	↓	↓	↓	↓	↓	↓	↓	↓	↔	↓	↓	↔	↔	↔	↔	↔
Ginseng	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Goldenseal root	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Grapefruit juice	↔	↔	↔	↔	↔	↑	↔	↔	↔	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
Green tea extracts	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	? _b	↔	↔	↔	? _b	? _b	↔	? _b	? _b
Guggulsterone	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↔	↓	↓	↔	↔	↓	↔	↓	↓	↔	↔	↔
Hops	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↔	↔	↓	↓	↓	↓	↔	↓ _a	↔
Inula racemosa	↔	↔	↔	↔	↔	↑	↔	↔	↔	↑	↔	↔	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔
Liquorice	↔	↔	↔	↔	↔	↓	↔	↔	↔	↓	↓	↓	↓	↓	↔	↓	↓	↑	↑	↔	↑ _a	↑ _a
Malabar nut tree	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↔	↓	↓	↓	↓	↓	↔	↔
Menthol	↔	↔	↔	↔	↔	↑	↔	↔	↔	↑	↑	↔	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔
Milk thistle	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Quercetin	↑?	↑?	↑?	↑?	↑?	↑	↑?	↑?	↑?	↑	↔	↔	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔
Red yeast rice	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Saw palmetto	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Seville orange juice	↔	↔	↔	↔	↔	↑	↔	↔	↔	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
St John's wort	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _c	↓ _{c,d}	↔
Turmeric	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Valerian	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mineral supplements																						
Ascorbic acid	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓ _e	↓ _e	↔	↓ _e	↓ _e	↓ _e	↓ _e	↔	↔
Calcium	↓ _f	↓ _f	↔	↔	↔	↔	↔	↔	↔	↓ _f	↔	↔	↔	↓	↓	↔	↓	↓	↓	↓	↔	↔
Ferrous fumarate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓	↔	↓	↓	↓	↓	↔	↔
Folic acid	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓ _e	↓ _e	↔	↓ _e	↓ _e	↓ _e	↓ _e	↓ _e	↔
Iodine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓ _e	↓ _e	↔	↓ _e	↓ _e	↓ _e	↓ _e	↓ _e	↔
Iron (infusion/injection)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Iron (oral)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓	↔	↓	↓	↓	↓	↔	↔
Magnesium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓	↔	↓	↓	↓	↓	↔	↔
Multivitamins	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓	↔	↓	↓	↓	↓	↔	↔
Nicotinamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓ _e	↓ _e	↔	↓ _e	↓ _e	↓ _e	↓ _e	↓ _e	↔
Various vitamins	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓ _g	↓ _g	↔	↓ _g	↓ _g	↓ _g	↓ _g	↓ _g	↔
Zinc	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓	↔	↓	↓	↓	↓	↔	↔

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: The effect of green tea on tenofovir is unclear (b).
TDF: Caution with Cat's claw and Cubeb pepper as tenofovir systemic concentrations could potentially increase.
ZDV: No clinically relevant interactions expected.

Colour Legend

- Green: No clinically significant interaction expected.
- Red: These drugs should not be coadministered.
- Orange: Potential interaction which may require a dose adjustment or close monitoring.
- Yellow: Potential interaction predicted to be of weak intensity. No *a priori* dosage adjustment is recommended.

Text Legend

- ↑ Potential increased exposure of the supplement
- ↓ Potential decreased exposure of the supplement
- ↔ No significant effect
- ♥ One or both drugs may cause QT and/or PR prolongation. ECG monitoring is advised if coadministered with atazanavir or lopinavir; caution is advised with rilpivirine as supratherapeutic doses of rilpivirine (75 and 300 mg once daily) were shown to prolong the QT interval.

Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

Notes

- a No effect on emtricitabine expected.
- b The effect on tenofovir is unclear as green tea extracts appeared to inhibit P-gp in vivo, but a contradictory effect was observed in vivo.
- c Coadministration is not recommended in product label. However, a low risk of a clinically relevant pharmacokinetic interaction has been shown with low-hyperforin formulations (<1 mg/day) of St John's Wort (hyperforin is the constituent responsible for induction of CYPs and P-gp). Coadministration may be considered with St John's Wort formulations that clearly state the hyperforin content and which have a total daily hyperforin dose of 1 mg or less.
- d No effect on emtricitabine is expected, but tenofovir alafenamide concentrations may decrease which may result in loss of therapeutic effect and development of resistance.
- e Only when used in multivitamin preparations as they can contain mineral supplements.
- f Calcium supplements containing calcium carbonate may decrease atazanavir or rilpivirine concentrations due to gastric pH increase.
- g Only for vitamin preparations containing divalent cations.