Calcium Channel Blockers

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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
Calcium Channel Blockers																						
Amlodipine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Diltiazem	↑♥	↑♥	↑	↑	↑♥	⇑	↓69% ♡	↓⇑	↓	⇑♥	⇑♥	↑	⇑	⇑a	↔	⇑♥	↔	↑	↑	↔	↔	↔
Felodipine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Lacidipine	↑♥	↑♥	↑	↑	↑♥	↔	↓♡	↓	↓	↔♥	↔♥	↑	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Lercanidipine	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Nicardipine	↑♥	↑♥	↑	↑	↑♥	⇑	↓♡	↓⇑	↓	⇑♥	⇑♥	↑	⇑	↔	↔	⇑♥	↔	↑	↑	↔	↔	↔
Nifedipine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Nisoldipine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Verapamil	↑♥	↑♥	↑	↑	↑♥	⇑	↓	↓⇑	↓	⇑	⇑	↑	⇑	⇑b	↔	⇑	↔	↑⇑c	↑⇑d	↔	⇑c	⇑d

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: Verapamil could potentially increase absorption of tenofovir-DF (d).
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 antihypertensive
↓ Potential decreased exposure of the antihypertensive
↔ No significant effect
⇑ Potential increased exposure of HIV drug
♥ One or both drugs may cause QT and/or PR prolongation. ECG monitoring is advised if coadministered with atazanavir or lopinavir. Rilpivirine and fostemsavir were shown to prolong the QT interval at supratherapeutic doses. Caution is advised with rilpivirine. ECG monitoring is advised with fostemsavir and drugs with a known QT prolongation risk.
♡ Efavirenz has a potential risk of QT prolongation relating specifically to homozygous carriers of CYP2B6*6/*6.
Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

Notes

a Coadministration may increase bictegravir concentrations; no effect on emtricitabine or tenofovir alafenamide is expected.
b Coadministration may increase bictegravir and tenofovir alafenamide concentrations; no effect on emtricitabine is expected.
c Coadministration could potentially increase the absorption of tenofovir alafenamide, thereby increasing the systemic concentration of tenofovir.
d Coadministration could potentially increase the absorption of tenofovir-DF, thereby increasing the systemic concentration of tenofovir. Monitoring of tenofovir-associated adverse reactions, including frequent renal monitoring, is recommended.

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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

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