HIV Antiretroviral Treatment Selector

Charts created September 2024 *Full information available at www.hep-druginteractions.org*

	DCV	EBR/GZR	GLP/PIB	LED/SOF	RDV	SOF	SOF/VEL	SOF/VEL/VOX
Atazanavir/cobicistat	⇑ [a]	⇑	⇑	↑ cobi ⇑ LED ⇑ SOF	⇑	↔	⇑ VEL	⇑
Atazanavir + ritonavir	⇑ 110% [a]	⇑	⇑	↑ 33% ATV ⇑ 113% LED	⇑	↔	⇑ 142% VEL	⇑
Darunavir/cobicistat	⇑	⇑	⇑	↑ cobi ⇑ LED ⇑ SOF	⇑	↔	↔	↑ RTV ⇑ VOX
Darunavir + ritonavir	⇑ 41%	⇑	⇑	⇑ 39% LED ⇑ 34% SOF	⇑	⇑ 34%	⇓ 28% SOF	⇑ VOX [b]
Doravirine	↔	↑ 56%	↔	↔	↔	↔	↔	↔
Efavirenz	⇓ 32% [c]	⇓	⇓	⇓ LED	↔	↔	⇓	⇓
Etravirine	⇓ [d]	⇓	⇓	↔	↔	↔	⇓	⇓
Nevirapine	⇓ [d]	⇓	⇓	↔	↔	↔	⇓	⇓
Rilpivirine (oral)	↔	↔	↑ 84%	↔	↔	↔	↔	↔
Fostemsavir	↔	⇑	⇑ GLP ⇑ PIB	⇑ LED ⇑ SOF	⇑	⇑	⇑ SOF ⇑ VEL	⇑ SOF ⇑ VEL ⇑ VOX
Lenacapavir	↔	⇑ EBR ⇑ GZR	⇑ GLP	↔	↔	↔	↔	↔
Maraviroc	↔	↑	↑	↑	↔	↔	↑	↑
Bictegravir/FTC/TAF	↔	↔	↑ BIC	↑ 67% TFV	↔	↔	↔	↑ 67% TFV
Cabotegravir (oral)	↔	↔	↔	↔	↔	↔	↔	↔
Cabotegravir/rilpivirine (LA)	↔	↔	↑ RPV	↔	↔	↔	↔	↔
Dolutegravir	↑ 33%	↔	↔	↔	↔	↔	↔	↔
Dolutegravir/ABC/3TC	↑ DTG	↔	↔	↔	↔	↔	↔	↔
Elvitegravir/c/FTC/TAF	⇑ [a]	⇑	⇑ 205% GLP ⇑ 57% PIB	↑ 53% cobi ⇑ 79% LED ⇑ 47% SOF	↔	↔	↑ 30% cobi ⇑ 37% SOF ⇑ 50% VEL	↑ 50% cobi ⇑ 171%VOX
Elvitegravir/c/FTC/TDF	⇑ [a]	⇑	⇑ GLP ⇑ PIB	↑ 59% cobi ↑ TFV [e] ⇑ 78% LED ⇑ 36 % SOF	↔	↔	↑ 35% TFV [e]	↑ TFV [e]
Raltegravir	↔	↑	↑ 47%	?↓	↔	↓ 27%	↔	↔
FTC/TAF	↔	↔	↔	↔	↔	↔	↔	↔
FTC/TDF	↔	↑ TFV	↔	↑ TFV	↔	↔	↑ TFV	↑ TFV

Colour Legend

- No clinically significant interaction expected.
- These drugs should not be coadministered.
- Potential interaction which may require a dosage adjustment or close monitoring.
- Potential interaction predicted to be of weak intensity.

Text Legend

↑ Potential increased exposure of the antiretroviral
↓ Potential decreased exposure of the antiretroviral
⇑ Potential increased exposure of HCV DAA
⇓ Potential decreased exposure of HCV DAA
↔ No significant effect

Numbers refer to increased or decreased AUC, as observed in drug-drug interaction studies.

a The dose of daclatasvir should be reduced to 30 mg, once daily.
b Clinically significant interactions not expected with once daily DRV/RTV, but twice daily has not been studied and should be used with caution.
c The dose of daclatasvir should be increased to 90 mg, once daily.
d European product label says not recommended but US prescribing information says that daclatasvir can be increased to 90 mg.
e The safety of increased tenofovir concentrations in this setting has not been established, combination should be used with frequent renal monitoring if no alternatives are available.

Abbreviations:
DCV Daclatasvir
RDV Ravidasvir
VEL Velpatasvir
3TC Lamivudine
DTG Dolutegravir
RTV Ritonavir
VOX Voxilaprevir
ABC Abacavir
EBR/GZR Elbasvir/Grazoprevir
SOF Sofosbuvir
ATV Atazanavir
FTC Emtricitabine
TAF Tenofovir alafenamide
BIC Bictegravir
GLP/PIB Glecaprevir/Pibrentasvir
TDF Tenofovir disoproxil fumarate
cobi Cobicistat
LED Ledipasvir
TFV Tenofovir