CLINICAL GUIDELINES PROGRAM

Resource: ART Drug-Drug Interactions

August 2024

\rightarrow Salmeterol, formoterol, etc.		
Class or Drug	Mechanism of Action	Clinical Comments
 NRTIs Dolutegravir (DTG) Bictegravir (BIC) Cabotegravir (CAB) Raltegravir (RAL) Efavirenz (EFV) Etravirine (ETR) Doravirine (DOR) 	No significant interactions reported.	No dose adjustments are necessary.
Elvitegravir (EVG), boosted	CYP3A inhibition increases plasma concentrations of these agents.	 Concomitant use is contraindicated unless benefits outweigh risks; consider alternative ARV. If coadministration is necessary, monitor frequently for QT prolongation, palpitations, and sinus tachycardia. Salmeterol: Monitor for increased risk of cardiovascular- related adverse events.
Boosted PIs	CYP3A4 inhibition increases plasma concentrations of these agents.	 Concomitant use is contraindicated unless benefits outweigh possible risks; consider alternative ARV. If coadministration is necessary, monitor frequently for QT prolongation, palpitations, and sinus tachycardia. Boosted PIs may also increase QT prolongation.
Rilpivirine (RPV)	RPV and drugs from LABA class may both theoretically increase QT interval, especially at high doses.	 No dose adjustments are necessary. Do not use more LABA than recommended; this can increase risk of QT prolongation.