



Resource: ART Drug-Drug Interactions

August 2024

Table 44: Immunosuppressants [a] (also see drug package inserts)		
Class or Drug	Mechanism of Action	Clinical Comments
<ul style="list-style-type: none"> NRTIs Dolutegravir (DTG) Raltegravir (RAL) Rilpivirine (RPV) Doravirine (DOR) 	No significant interactions reported.	No dose adjustments are necessary.
Bictegravir (BIC)	Cyclosporine may increase BIC concentrations to modest degree via P-gP inhibition.	Cyclosporine: Monitor for BIC-related adverse effects.
Elvitegravir (EVG), boosted	Everolimus, sirolimus, cyclosporine, tacrolimus: Metabolism decreased by boosted EVG.	<ul style="list-style-type: none"> Everolimus, sirolimus: Do not use with boosted EVG. Cyclosporine, tacrolimus: Dose based on TDM; monitor closely for adverse effects.
Boosted PIs	Everolimus, sirolimus, cyclosporine, tacrolimus: Metabolism decreased by boosted PIs.	<ul style="list-style-type: none"> Everolimus, sirolimus: Do not use with boosted PIs. Cyclosporine, tacrolimus: Dose based on TDM; monitor closely for adverse effects.
<ul style="list-style-type: none"> Efavirenz (EFV) Etravirine (ETR) 	Cyclosporine, tacrolimus: EFV or ETR may lower concentrations.	Cyclosporine, tacrolimus: <ul style="list-style-type: none"> Adjust dose of cyclosporine and tacrolimus based on efficacy and TDM. Conduct TDM more frequently for 2 weeks when starting or stopping NNRTI therapy.
<p>Abbreviations: NNRTI, non-nucleoside reverse transcriptase inhibitors; NRTI, nucleoside reverse transcriptase inhibitor; P-gP, P-glycoprotein; PI, protease inhibitor; TDF, tenofovir disoproxil fumarate; TDM, therapeutic drug monitoring.</p> <p>Note:</p> <p>a. Cyclosporine can cause renal toxicity, which may be increased with coadministration of TDF. Clinicians are advised to monitor for signs of renal dysfunction in patients who are taking these 2 medications at the same time.</p>		