Antiretroviral Treatment Options for Patients on Directly Acting Antivirals for Hepatitis C

	Simeprevir (Galexos®) 150 mg daily with food	**Sofosbuvir (Sovaldi®)** 400 mg daily	**Sofosbuvir/ Ledipasvir (Harvoni®)** 400 mg/90 mg coformulation once daily	**Daclatasvir (Daklinza®, DCV, BMS-790052)** 60 mg daily (licensed in Japan & EU)	**Holkira Pak®/ *Viekira Pak® (US)*** (Abbvie 3D regimen: paritaprevir/ ritonavir, ombitasvir 150/100/25 mg QD plus dasabuvir 250 mg BID	**Grazoprevir (MK-5172)** 100 mg/50 mg coformulation once daily (investigational)	**Elbasvir (MK-8742)**
PIs: atazanavir	Not recommended with ritonavir- or cobicistat boosted PIs (significant ↑ simeprevir AUC).[1, 2]	OK[3]	Potential for ↑ tenofovir concentrations. Monitor for toxicity.[4, 5]	↓ daclatasvir dose to 30 mg daily with atazanavir/ritonavir or atazanavir/ cobicistat.[6, 7]	OK with atazanavir 300 mg QD.[8, 9]	Not recommended with atazanavir/ ritonavir (10.58-fold ↑ MK-5172 AUC).[10]	Atazanavir concentrations OK, but significant ↑ MK-8742 exposures (4.76-fold).[11]
PIs: other				No dose modifications required with darunavir/ritonavir, darunavir/cobicistat or lopinavir/ritonavir.[7]	Darunavir: take without additional ritonavir; monitor HIV viral load due to decreased darunavir Ctrough (Canadian monograph). US monograph: Not recommended due to potential for decreased darunavir Ctrough.[9] Not recommended with lopinavir/ ritonavir due to higher GI side effects and ↑ paritaprevir exposures.[12]	Not recommended with darunavir/ ritonavir, lopinavir/ ritonavir (7.5-12.86-fold ↑ MK-5172 AUC).[10]	Darunavir and lopinavir concentrations OK, but significant ↑ MK-8742 exposures (0.66-3.7-fold).[11]
NNRTIs	Not recommended with efavirenz or nevirapine (71% ↓ simprevir AUC).[1, 2]	Efavirenz OK[3]	Efavirenz OK.[13]	↑ daclatasvir dose to 90 mg once daily with efavirenz.[6]	Contraindicated with efavirenz (increased risk of adverse events including LFT elevations).[9, 14]	Avoid efavirenz (84% ↓ MK-5172 AUC).[15]	Avoid efavirenz (54% ↓ MK-8742 AUC).[16]
	Not recommended with etravirine.[2]			No data. Coadministration not recommended with	No data.		

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				etravirine or nevirapine due to potential for ↓ daclatasvir.[17]			
	Rilpivirine OK.[18]	Rilpivirine OK[3]	Rilpivirine OK.[13]	Rilpivirine OK.[17]	Not recommended with rilpivirine (116-273% ↑ rilpivirine exposures).[14]		
InSTIs				Dolutegravir OK.[17]			
	Raltegravir OK.[18]	Raltegravir OK[3]	Raltegravir OK.[13]	Raltegravir OK.[14]	Raltegravir OK.[9]	Raltegravir OK.[19]	Raltegravir OK.[16]
	Not recommended with cobicistat-boosted regimens.[1]		Potential for ↑ tenofovir concentrations. Monitor for toxicity.[5] NB: US monograph: combination not recommended.[4]	↓ daclatasvir dose to 30 mg daily with cobicistat[17]			
Maraviroc				Standard doses of both OK.[17]			
NRTIs	Tenofovir OK.[1]	Tenofovir OK[3]	Tenofovir OK.[13]	Tenofovir OK.[6]	Tenofovir OK.[8, 9]	Tenofovir OK.[19]	Tenofovir OK.[16]

Key: = avoid combination = caution/dose adjustment = combination OK

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