

GENITOURINARY DRUGS:

PDE5 INHIBITORS FOR ERECTILE DYSFUNCTION (ED) or PULMONARY ARTERIAL HYPERTENSION (PAH)

	INSTIs		NNRTIs		PIs
	<ul style="list-style-type: none"> • BICTEGRAVIR (<i>Biktarvy</i>) • DOLUTEGRAVIR (<i>Tivicay, Triumeq, Juluca</i>) • RALTEGRAVIR (<i>Isentress</i>) 	<ul style="list-style-type: none"> • ELVITEGRAVIR/COBICISTAT (<i>Stribild, Genvoya</i>) 	<ul style="list-style-type: none"> • DORAVIRINE (<i>Pifeltro, Delstrigo</i>) • RILPIVIRINE (<i>Edurant, Complera, Odefsey, Juluca</i>) 	<ul style="list-style-type: none"> • EFAVIRENZ (<i>Sustiva, Atripla</i>) • ETRAVIRINE (<i>Intelence</i>) • NEVIRAPINE (<i>Viramune</i>) 	Boosted with ritonavir (Norvir) or cobicistat <ul style="list-style-type: none"> • ATAZANAVIR (<i>Reyataz, Evotaz</i>) • DARUNAVIR (<i>Prezista, Prezcobix, Symtuza</i>) • LOPINAVIR (<i>Kaletra</i>)

TREATMENT OF ERECTILE DYSFUNCTION (ED)




• Sildenafil (<i>Viagra</i>)		Potential for ↑ sildenafil. Decrease sildenafil dose to 25 mg every 48 hours.		Potential for ↓ sildenafil	Potential for ↑ sildenafil. Decrease sildenafil dose to 25 mg every 48 hours.
• Tadalafil (<i>Cialis</i>)		Potential for ↑ tadalafil. Decrease tadalafil dose to 10 mg every 72 hours, maximum 3 times per week.		Potential for ↓ tadalafil	Potential for ↑ tadalafil. Decrease tadalafil dose to 10 mg every 72 hours, maximum 3 times per week.
• Vardenafil (<i>Levitra</i>)		Potential for ↑ vardenafil and toxicity		Potential for ↓ vardenafil	Potential for ↑ vardenafil and toxicity

TREATMENT OF PULMONARY ARTERIAL HYPERTENSION (PAH)

• Sildenafil (<i>Revatio</i>)		Potential for ↑ sildenafil and toxicity		Potential for ↓ sildenafil	Potential for ↑ sildenafil and toxicity
• Tadalafil (<i>Adcirca</i>)		Potential for ↑ tadalafil. Start at 20 mg daily and titrate to 40 mg daily based on tolerability.		Potential for ↓ tadalafil	Potential for ↑ tadalafil. Start at 20 mg daily and titrate to 40 mg daily based on tolerability.

Mechanism of Drug Interactions, Management and Monitoring

Class	Mechanism of Interaction	Main Interacting ARVs	Management	Monitoring
PDE5 inhibitors (sildenafil, tadalafil, vardenafil)	Inhibition of CYP3A4	Ritonavir and cobicistat-boosted protease inhibitors and elvitegravir	<u>PAH:</u> <ul style="list-style-type: none"> Sildenafil is contraindicated Tadalafil: start at 20 mg daily and titrate to 40 mg daily based on tolerability <u>ED:</u> <ul style="list-style-type: none"> Vardenafil is contraindicated. Sildenafil: use 25 mg every 48 hours. Tadalafil: 10 mg every 72 hours, maximum 3 times per week. 	PDE5 toxicity: headache, flushing, dyspepsia, nasal congestion, flushing, diarrhea, dizziness.
	Induction of CYP3A4	Efavirenz, etravirine, nevirapine	Adjust dose according to efficacy/toxicity	PDE5 efficacy

Legend:		No dose adjustment required.
		Use combination with caution. Adjustment in drug dose or frequency or additional/more frequent monitoring may be required. May wish to consult with a pharmacist knowledgeable in HIV drug interactions.
		Contraindicated/avoid combination.

A MANAGEMENT TOOL FOR **HIV** DRUG-DRUG INTERACTIONS

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