HIV/HCV DRUG-DRUG INTERACTIONS


Recommendations:

- HIV/HCV-coinfected persons should be treated and retreated the same as persons without HIV infection, after recognizing and managing interactions with antiretroviral medications. (I-B)
- ARV treatment interruption to allow HCV therapy is NOT recommended. (III-A)
- ARV and HCV drug interactions should be assessed prior to initiating therapy. Drug switches, when needed, should be done in collaboration with the HIV doc. For HIV ARV and HCV direct-acting antiviral (DAA) combinations not addressed below, expert consultation is recommended. (I-A)
- Daily daclatasvir and sofosbuvir (400 mg), with or without RBV (please refer to AASLD guidelines for specific regimens) is recommended when antiretroviral regimen changes cannot be made to accommodate alternative HCV direct-acting antivirals. (I-B)

Daclatasvir:

- Daclatasvir requires dose adjustment with ritonavir-boosted atazanavir (a decrease to 30 mg daily) and efavirenz or etravirine (an increase to 90 mg daily). (IIa-B)

Ledipasvir:

- Because ledipasvir increases TDF levels, it should be avoided in those with CrCl below 60 mL/min; Because potentiation of this effect is expected when TDF is used with ritonavir-boosted HIV protease inhibitors, ledipasvir should be avoided with this combination (pending further data) unless ARV regimen cannot be changed and urgency of treatment high. (IIa-C)

Sofosbuvir and ledipasvir/sofosbuvir:

- Fixed-dose combination of ledipasvir (90mg)/sofosbuvir (400mg) (hereafter ledipasvir/sofosbuvir) should not be used with cobicistat and elvitegravir, pending further data. (III-C)
- Sofosbuvir or ledipasvir/sofosbuvir should not be used with tipranavir. (III-B)

Paritaprevir/ritonavir/ombitasvir plus dasabuvir (PrOD): (AbbVie Viekera pack)

- PrOD should be used with ARVs with which it does not have substantial interactions: raltegravir (and probably dolutegravir), enfuvirtide, tenofovir, emtricitabine, lamivudine, and atazanavir. (IIa-C)
- The dose of ritonavir used for boosting of HIV protease inhibitors may need to be adjusted (or held) when administered with PrOD and then restored when HCV treatment is completed. The HIV protease inhibitor should be administered at the same time as the fixed-dose HCV combination. (IIa-C)
- PrOD should not be used with efavirenz, rilpivirine, darunavir, or ritonavir-boosted lopinavir. (III-B)
- PrOD should not be used in HIV/HCV-coinfected individuals who are not taking antiretroviral therapy. (III-B)

Simeprevir:

- Simeprevir should only be used with antiretroviral drugs with which it does not have clinically significant interactions: raltegravir (and probably dolutegravir), rilpivirine, maraviroc, enfuvirtide, tenofovir, emtricitabine, lamivudine, and abacavir. (IIa-B)
- Simeprevir should not be used with efavirenz, etravirine, nevirapine, cobicistat, or any HIV protease inhibitor. (III-B)

Ribavirin (RBV):

- RBV should NOT be used with didanosine, stavudine, or zidovudine. (III-B)

For information on additional interactions please go to: http://www.hep-druginteractions.org/