Table 245.4. Interactions between darunavir–ritonavir and other antiretrovirals.

Co-administered drug	Effect of co-administration with DRV–RTV	Recommendation
Tenofovir disoproxil fumarate (TDF)	TDF exposure increased by 22% DRV increased by 21%	Monitor renal function
Tenofovir alafenamide (TAF)	No effect on TAF or DRV levels	No clinically relevant interaction
Abacavir (ABC)	No expected interaction because ABC is metabolized through an alternate mechanism	No clinically relevant interaction
Lamivudine (3TC)	No expected interaction because 3TC is primarily renally excreted	No clinically relevant interaction
Didanosine (ddI)	No effect on ddI or DRV levels	Administer ddI 1hour before or 2 hours after DRV–RTV
Efavirenz (EFV)	DRV exposure increased by 13% due to CYP3A induction EFV exposure increased by 21% due to CYP3A inhibition	Monitor for CNS toxicity
Delavirdine	Potential to increase DRV exposure; co-administration has not been studied	Avoid co-administration
Nevirapine (NVP)	Both DRV and NVP exposure increased	No dose adjustment recommended
Etravirine	No significant effect on DRV Etravirine exposure reduced by 37%	No dose adjustment recommended when etravirine is dosed at 200 mg twice daily
Rilpivirine	Rilpivirine exposure increased DRV exposure unchanged or slightly reduced	No dose adjustment recommended
Lopinavir (LPV)	Decrease in DRV exposure up to 40%	Avoid co-administration
Saquinavir (SQV)	Decrease in DRV exposure by 26%	Avoid co-administration
Maraviroc	Maraviroc levels increased	Decrease maraviroc dose to 150 mg twice daily
Elvitegravir	Currently available co-formulated with TDF, TAF, FTC, or cobicistat	Limited evidence available; co-administration of DRV–RTV with elvitegravir in the presence of cobicistat not recommended by manufacturer
Raltegravir (RAL)	Decrease in RAL exposure; not clinically meaningful	No dose adjustment recommended
Dolutegravir (DOL)	Mild decrease in DOL exposure due to CYP3A and UGT1A1 enzyme induction	No dose adjustment recommended

Abbreviations: DRV: darunavir; RTV: ritonavir; CNS: central nervous system; FTC: emtricitabine.

Table 245.5. Interactions between darunavir–ritonavir and other antimicrobials.

Co-administered drug	Effect of co-administration with DRV–RTV	Recommendation
Rifampicin, rifapentine	Decreased levels of protease inhibitors due to CYP3A induction	Avoid co-administration
Rifabutin	Increased rifabutin and DRV exposure	Rifabutin should be dosed at 150 mg daily when co-administered with boosted protease inhibitors; no dose adjustment for DRV required
Bedaquiline	Increased exposure to bedaquiline expected	Avoid co-administration if possible; consider more frequent electrocardiac monitoring of prolonged QTc in setting of concomitant use
Clarithromycin	Clarithromycin exposure increased by 57% DRV exposure unchanged	Consider dose reduction of clarithromycin in renal impairment
Triazoles	Ketoconazole, posaconazole, itraconazole, and DRV exposure increased Voriconazole exposure decreased No interaction expected with fluconazole	Ketoconazole and itraconazole doses should not exceed 200 mg/day; avoid co-administration of voriconazole and DRV–RTV unless benefit outweighs risk
Boceprevir, telaprevir	DRV, boceprevir, and telaprevir exposure decreased	Co-administration not recommended
Ledipasvir	Ledipasvir exposure increased DRV and RTV unchanged	No dose adjustment required; use caution and monitor renal function when used concurrently with TDF
Daclatasvir	Daclatasvir exposure increased DRV exposure marginally reduced	No dose adjustment required with DRV–RTV
Simeprevir	Increased exposure to simeprevir, DRV, RTV	Co-administration not recommended
Sofosbuvir	Sofosbuvir exposure increased DRV and RTV unchanged	No dose adjustment required

Abbreviations: DRV: darunavir; RTV: ritonavir; TDF: Tenofovir disoproxil fumarate.