Table 44: Immunosuppressants [a] (also see prescribing information)		
Class or Drug	**Mechanism of Action**	**Clinical Comments**
• 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.	• **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.	• **Everolimus, sirolimus:** Do not use with boosted PIs. • **Cyclosporine, tacrolimus:** Dose based on TDM; monitor closely for adverse effects.
• Efavirenz (EFV) • Etravirine (ETR)	**Cyclosporine, tacrolimus:** EFV or ETR may lower concentrations.	**Cyclosporine, tacrolimus:** • Adjust dose of cyclosporine and tacrolimus based on efficacy and TDM. • Conduct TDM more frequently for 2 weeks when starting or stopping NNRTI therapy.

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.

Note:

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.