Table 17: Fostemsavir (FTR) Interactions (also see prescribing information)		
Class or Drug	**Mechanism of Action**	**Clinical Comments**
Potent CYP3A4 or P-gP inducers (phenytoin, rifampin, carbamazepine, St. John's wort, etc.)	CYP3A4 induction reduces FTR levels.	Do not coadminister.
Antineoplastic agent (mitotane)	CYP3A4 induction reduces FTR levels.	Do not coadminister.
Androgen receptor inhibitor (enzalutamide)	CYP3A4 induction reduces FTR levels.	Do not coadminister.
HCV antiviral agents	FTR increases grazoprevir and voxilaprevir levels.	Coadministration may increase grazoprevir or voxilaprevir exposure. Use alternative HCV regimen if possible.
Hormonal contraceptives	**Ethinyl estradiol:** Increased levels of ethinyl estradiol are expected.	**Ethinyl estradiol:** Daily dose should not exceed 30 mcg. Caution is advised, particularly in patients with additional risk factors for thromboembolic events.
Statins	**Atorvastatin, fluvastatin, pitavastatin, rosuvastatin, simvastatin:** Levels may increase with concurrent use of FTR.	Use lowest possible statin starting dose; monitor for statin-associated adverse effects.
Rifabutin, rifampin, rifapentine	• **Rifabutin:** Interaction is not expected. • **Rifampin, rifapentine:** CYP3A4 induction reduces FTR bioavailability.	• **Rifabutin:** No dose adjustments are necessary. • **Rifampin, rifapentine:** Do not coadminister.
COVID-19 therapeutics	• **Molnupiravir and monoclonal antibodies** do not affect CYP450, P-gP, or other drug metabolism transporters. • **Nirmatrelvir/RTV:** Inhibition of CYP3A4, P-gP, and other transporters may increase plasma concentrations of other medications.	• **Molnupiravir, monoclonal antibodies:** Drug interactions are unlikely. • **Nirmatrelvir/RTV:** Drug interactions are unlikely; FTR levels may increase.
Mpox treatments	• **Brincidofovir** is a substrate for OATP1B1 and OATP1B3. • **Tecovirimat** is a weak inducer of CYP3A and weak inhibitor of CYP2C8 and CYP2C19.	• **Brincidofovir:** FTR inhibits OATP1B1 and may increase brincidofovir levels. Avoid concurrent use if possible. If unable to change therapy, monitor for brincidofovir-related adverse effects, e.g., LFT elevations, hyperbilirubinemia, diarrhea, or other GI adverse effects. Postpone FTR dosing for at least 3 hours *after* brincidofovir administration. • **Tecovirimat** may reduce FTR levels, though effects are not likely to be clinically relevant. No dose adjustment in either drug is necessary.
Abbreviations: CYP, cytochrome P450; GI, gastrointestinal; HCV, hepatitis C virus; LFT, liver function test; OATP, organic anion transporting polypeptide; P-gP, P-glycoprotein; RTV, ritonavir. **No significant interactions/no dose adjustments necessary** (see guideline section Drug-Drug Interactions by Common Medication Class)**:** Common oral antibiotics; antihypertensive medications; antidiabetic medications; acid-reducing agents; polyvalent cations; inhaled and injected corticosteroids; benzodiazepines; sleep medications; nonopioid pain medications;		

Table 17: Fostemsavir (FTR) Interactions (also see prescribing information)		
Class or Drug	**Mechanism of Action**	**Clinical Comments**
opioid analgesics and tramadol; alpha-adrenergic antagonists for benign prostatic hyperplasia; tobacco and smoking cessation products; alcohol, disulfiram, and acamprosate; methadone, buprenorphine, naloxone, and naltrexone; gender-affirming hormones; ADHD medications and lithium.		