Table 29: Long-Acting Beta Agonists (LABAs; also see prescribing information)		
→ Salmeterol, formoterol, etc.		
Class or Drug	**Mechanism of Action**	**Clinical Comments**
• NRTIs • Dolutegravir (DTG) • Bictegravir (BIC) • Cabotegravir (CAB) • Raltegravir (RAL) • Efavirenz (EFV) • Etravirine (ETR) • Doravirine (DOR)	No significant interactions reported.	No dose adjustments are necessary.
Elvitegravir (EVG), boosted	CYP3A inhibition increases plasma concentrations of these agents.	• Concomitant use is contraindicated unless benefits outweigh risks; consider alternative ARV. • If coadministration is necessary, monitor frequently for QT prolongation, palpitations, and sinus tachycardia. • **Salmeterol:** Monitor for increased risk of cardiovascular-related adverse events.
Boosted PIs	CYP3A4 inhibition increases plasma concentrations of these agents.	• Concomitant use is contraindicated unless benefits outweigh possible risks; consider alternative ARV. • If coadministration is necessary, monitor frequently for QT prolongation, palpitations, and sinus tachycardia. • Boosted PIs may also increase QT prolongation.
Rilpivirine (RPV)	RPV and drugs from LABA class may both theoretically increase QT interval, especially at high doses.	• No dose adjustments are necessary. • Do not use more LABA than recommended; this can increase risk of QT prolongation.
Abbreviations: ARV, antiretroviral; CYP, cytochrome P450; NRTI, nucleoside reverse transcriptase inhibitor; PI, protease inhibitor.		