Resource: ART Drug-Drug Interactions

April 2023

Table 17: Fostemsavir (FTR) Interactions (also see drug package inserts)

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: Common oral antibiotics (Table 19); drugs used as antihypertensive medicines (Table 20); antidiabetic drugs (Table 24); acid-reducing agents (Table 25); polyvalent cations (Table 26); inhaled and injected corticosteroids (Table 29); benzodiazepines (Table 31); sleep medications (Table 32); nonopioid pain medications (Table 35); opioid analgesics and tramadol (Table 36); alpha-adrenergic antagonists for benign prostatic hyperplasia (Table 39); tobacco and smoking cessation products (Table 40); alcohol, disulfiram, and acamprosate (Table 41); methadone, buprenorphine, naloxone, and naltrexone (Table 42); gender-affirming hormones (Table 47).