



ART Drug-Drug Interactions

Updated February 2021

Table 14A: 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.)	Reduces fostemsavir levels due to CYP3A4 induction.	Do not coadminister.
Antineoplastic agent (mitotane)	Reduces fostemsavir levels due to CYP3A4 induction.	Do not coadminister.
Androgen receptor inhibitor (enzalutamide)	Reduces fostemsavir levels due to CYP3A4 induction.	Do not coadminister.
HCV antiviral agents	Increases grazoprevir and voxilaprevir levels.	<ul style="list-style-type: none"> • Coadministration may increase exposures of grazoprevir or voxilaprevir. • Use alternative HCV regimen if possible.
Hormonal contraceptives	Increases ethinyl estradiol levels.	<ul style="list-style-type: none"> • Ethinyl estradiol: Daily dose should not exceed 30 mcg. • Caution is advised, particularly in patients with additional risk factors for thromboembolic events.
Statins	Increases rosuvastatin, atorvastatin, fluvastatin, pitavastatin, and simvastatin levels.	Use lowest possible starting dose for statins; monitor for statin-associated adverse events.

Abbreviations: CYP, cytochrome P450; HCV, hepatitis C virus; P-gP, P-glycoprotein.

No significant interactions/no dose adjustments necessary: common oral antibiotics (Table 15); drugs used as antihypertensive medicines (Table 16); antidiabetic drugs (Table 20); acid-reducing agents (Table 21); polyvalent cations (Table 22); inhaled and injected corticosteroids (Table 25); benzodiazepines (Table 27); sleep medications (Table 28); non-opioid pain medications (Table 31); opioid analgesics and tramadol (Table 32); tobacco and smoking cessation products (Table 35); alcohol, disulfiram, and acamprosate (Table 36); methadone, buprenorphine, naloxone, and naltrexone (Table 37); gender-affirming hormones (Table 40).