Table 21b. Drug Interactions Between Non-Nucleoside Reverse Transcriptase Inhibitors and Other Drugs (Last updated December 18, 2019; last reviewed December 18, 2019) (page 1 of 12)

This table provides information on the known or predicted interactions between NNRTIs and non-ARV drugs. For information regarding interactions between NNRTIs and other ARV drugs, including dosing recommendations, refer to Tables 21c, 22a, and 22b. Recommendations for managing a particular drug interaction may differ depending on whether a new ARV drug is being initiated in a patient on a stable concomitant medication or if a new concomitant medication is being initiated in a patient on a stable ARV regimen. The magnitude and significance of drug interactions are difficult to predict when several drugs with competing metabolic pathways are prescribed concomitantly. In cases where an interacting drug needs to be replaced with an alternative, providers should exercise their clinical judgement to select the most appropriate alternative medication to use.

Note: DLV is **not** included in this table. Please refer to the FDA product label for information regarding drug interactions between DLV and other concomitant drugs. The term "All NNRTIs" in this table refers to all NNRTIs **except for** DLV.

Concomitant Drug	NNRTI	Effect on NNRTI and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
Acid Reducers			
Antacids	DOR, EFV, NVP	↔ NNRTI AUC	No dose adjustment needed.
	ETR	↔ ETR expected	No dose adjustment needed.
	RPV	↓ RPV expected when given simultaneously	Give antacids at least 2 hours before or at least 4 hours after RPV.
H2 Receptor Antagonists	DOR, ETR, NVP	↔ NNRTI expected	No dose adjustment needed.
	EFV	↔ EFV AUC	No dose adjustment needed.
	RPV	RPV AUC ↓ 76% when famotidine 40 mg is taken 2 hours prior	Give H2 receptor antagonists at least 12 hours before or at least 4 hours after RPV.
PPIs	DOR	DOR AUC ↓ 17% and C_{min} ↓ 16%	No dose adjustment needed.
	EFV, NVP	↔ EFV and NVP expected	
	ETR	↔ ETR AUC	
	RPV	**With Omeprazole 20 mg Daily:** • RPV AUC ↓ 40% and C_{min} ↓ 33%	**Contraindicated.**
Alpha-Adrenergic Antagonists for Benign Prostatic Hyperplasia			
Alfuzosin, Doxazosin, Silodosin	DOR, RPV	↔ alpha-adrenergic antagonists expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ alpha-adrenergic antagonists expected	Consider alternative ARV or alpha antagonist therapy. If coadministration is necessary, monitor for therapeutic effectiveness of alpha antagonist.
Tamsulosin	DOR, RPV	↔ tamsulosin expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ tamsulosin expected	Monitor for therapeutic effectiveness of tamsulosin after 2–4 weeks. May need to increase dose to tamsulosin 0.8 mg once daily for patients who fail to respond to the 0.4 mg dose.
Antibacterials			
Antimycobacterials			
Bedaquiline	DOR, RPV	↔ bedaquiline expected	No dose adjustment needed.
	EFV, ETR	↓ bedaquiline possible	**Do not coadminister.**
	NVP	↔ bedaquiline AUC	No dose adjustment needed.

Table 21b. Drug Interactions Between Non-Nucleoside Reverse Transcriptase Inhibitors and Other Drugs (Last updated December 18, 2019; last reviewed December 18, 2019) (page 2 of 12)

Concomitant Drug	NNRTI	Effect on NNRTI and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
Antibacterials, continued			
Antimycobacterials, continued			
Rifabutin	DOR	DOR AUC ↓ 50%	Increase DOR dose to 100 mg twice daily. No dose adjustment needed for rifabutin.
	EFV	Rifabutin ↓ 38%	The recommended dosing range is rifabutin 450–600 mg per day.
	ETR	↔ rifabutin and metabolite AUC ETR AUC ↓ 37%	**Do not coadminister ETR plus PI/r with rifabutin.** Use rifabutin 300 mg once daily if ETR is administered without PI/r.
	NVP	Rifabutin AUC ↑ 17% and metabolite AUC ↑ 24% NVP C_{min} ↓ 16%	No dose adjustment needed.
	RPV	**Rifabutin plus RPV 50 mg Once Daily Compared to RPV 25 mg Once Daily Alone:** • ↔ RPV AUC and C_{min}	Increase RPV dose to 50 mg once daily. No dose adjustment for rifabutin needed.
Rifampin	DOR	DOR AUC ↓ 88%	**Contraindicated.**
	EFV	EFV AUC ↓ 26%	**Do not use EFV 400 mg with rifampin.** Maintain EFV dose at 600 mg once daily and monitor for virologic response.
	ETR	Significant ↓ ETR possible	**Do not coadminister.**
	NVP	NVP ↓ 20% to 58%	**Do not coadminister.**
	RPV	RPV AUC ↓ 80%	**Contraindicated.**
Rifapentine	DOR, RPV	↓ NNRTI expected	**Contraindicated.**
	EFV	↔ EFV concentrations	No dose adjustment needed.
	ETR, NVP	↓ NNRTI possible	**Do not coadminister.**
Macrolides			
Azithromycin	All NNRTIs	↔ azithromycin expected	No dose adjustment needed.
Clarithromycin	DOR, RPV	↔ clarithromycin expected ↑ DOR and RPV possible	Consider alternative macrolide (e.g., azithromycin) for MAC prophylaxis and treatment.
	EFV	Clarithromycin AUC ↓ 39%	Monitor for effectiveness or consider alternative agent (e.g., azithromycin) for MAC prophylaxis and treatment.
	ETR	Clarithromycin AUC ↓ 39% ETR AUC ↑ 42%	Consider alternative macrolide (e.g., azithromycin) for MAC prophylaxis and treatment.
	NVP	Clarithromycin AUC ↓ 31% NVP AUC ↑ 26%	Monitor for effectiveness or consider alternative macrolide (e.g., azithromycin) for MAC prophylaxis and treatment.
Erythromycin	DOR, RPV	↑ DOR and RPV possible	Monitor for ARV tolerability if used in combination.
	EFV, ETR, NVP	↑ EFV, ETR, and NVP possible ↓ erythromycin possible	Monitor for antibiotic efficacy if used in combination.
Anticoagulants			
Apixaban	DOR, RPV	↔ apixaban expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ apixaban possible	Consider alternative ARV or anticoagulant therapy.

Table 21b. Drug Interactions Between Non-Nucleoside Reverse Transcriptase Inhibitors and Other Drugs (Last updated December 18, 2019; last reviewed December 18, 2019) (page 3 of 12)

Concomitant Drug	NNRTI	Effect on NNRTI and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
Anticoagulants, continued			
Betrixaban	All NNRTIs	↔ betrixaban expected	No dose adjustment needed.
Dabigatran	All NNRTIs	↔ dabigatran expected	No dose adjustment needed.
Edoxaban	All NNRTIs	↔ edoxaban expected	No dose adjustment needed.
Rivaroxaban	DOR, RPV	↔ rivaroxaban expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ rivaroxaban possible	Consider alternative ARV or anticoagulant therapy.
Warfarin	DOR, RPV	↔ warfarin expected	No dose adjustment needed.
	EFV, ETR, NVP	↑ or ↓ warfarin possible	Monitor INR and adjust warfarin dose accordingly.
Anticonvulsants			
Carbamazepine, Phenobarbital, Phenytoin	DOR, RPV	↓ NNRTI possible	**Contraindicated.**
	EFV	**Carbamazepine plus EFV:** • Carbamazepine AUC ↓ 27% • EFV AUC ↓ 36% **Phenytoin plus EFV:** • ↓ EFV • ↑ or ↓ phenytoin possible	Consider alternative ARV or anticonvulsant. If coadministration is necessary, monitor anticonvulsant and EFV concentrations.
	ETR	↓ anticonvulsant and ETR possible	**Do not coadminister.**
	NVP	↓ anticonvulsant and NVP possible	Consider alternative ARV or anticonvulsant. If coadministration is necessary, monitor anticonvulsant and NVP concentrations and virologic response.
Eslicarbazepine	All NNRTIs	↓ NNRTI possible	Consider alternative ARV or anticonvulsant. If coadministration is necessary, monitor virologic response and consider monitoring plasma concentrations of ARVs.
Oxcarbazepine	DOR, RPV	↓ NNRTI possible	**Contraindicated.**
	EFV, ETR, NVP	↓ NNRTI possible	Consider alternative ARV or anticonvulsant. If coadministration is necessary, monitor virologic response and consider monitoring plasma concentrations of ARVs.
Ethosuximide, Lacosamide, Tiagabine, Zonisamide	DOR, RPV	↔ anticonvulsant expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ anticonvulsant possible	Monitor seizure control and consider anticonvulsant therapeutic drug monitoring.
Lamotrigine	DOR, ETR, NVP, RPV	↔ lamotrigine expected	No dose adjustment needed.
	EFV	↓ lamotrigine possible	Monitor seizure control and plasma concentrations of lamotrigine.
Antidepressants, Anxiolytics, and Antipsychotics			
Antidepressants			
Bupropion	DOR, ETR, RPV	↔ bupropion expected	No dose adjustment needed.
	EFV	Bupropion AUC ↓ 55%	Titrate bupropion dose based on clinical response.
	NVP	↓ bupropion possible	

Table 21b. Drug Interactions Between Non-Nucleoside Reverse Transcriptase Inhibitors and Other Drugs (Last updated December 18, 2019; last reviewed December 18, 2019) (page 4 of 12)

Concomitant Drug	NNRTI	Effect on NNRTI and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
Antidepressants, Anxiolytics, and Antipsychotics, continued			
Antidepressants, continued			
Citalopram, Escitalopram	DOR, RPV	↔ antidepressant expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ antidepressant possible	Titrate antidepressant dose based on clinical response.
Fluoxetine, Fluvoxamine	All NNRTIs	↔ antidepressant expected	No dose adjustment needed.
Paroxetine	DOR,NVP, RPV	↔ paroxetine expected	No dose adjustment needed.
	EFV, ETR	↔ paroxetine expected	No dose adjustment needed.
Nefazodone	DOR, RPV	↑ NNRTI possible	No dose adjustment needed.
	EFV, ETR, NVP	↓ nefazodone expected ↑ NNRTI possible	Monitor antidepressant effect and titrate dose as necessary based on clinical response.
Sertraline	DOR, RPV	↔ sertraline expected	No dose adjustment needed.
	EFV	Sertraline AUC ↓ 39%	Monitor the antidepressant effect and titrate dose as necessary based on clinical response.
	ETR, NVP	↓ sertraline possible	
Trazodone	DOR, RPV	↔ trazodone expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ trazodone possible	Monitor for therapeutic effectiveness of trazodone and titrate dose as necessary.
Anxiolytics (Benzodiazepines)			
Alprazolam, Triazolam	DOR, RPV	↔ benzodiazepine expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ benzodiazepine possible	Monitor for therapeutic effectiveness of benzodiazepine.
Diazepam	DOR, RPV	↔ diazepam expected	No dose adjustment needed.
	EFV, NVP	↓ diazepam possible	Monitor for therapeutic effectiveness of diazepam.
	ETR	↑ diazepam possible	Decreased dose of diazepam may be necessary. Monitor for diazepam toxicity.
Lorazepam	DOR, ETR, NVP, RPV	↔ lorazepam expected	No dose adjustment needed.
	EFV	↔ lorazepam AUC	No dose adjustment needed.
Midazolam	DOR, RPV	↔ midazolam expected	No dose adjustment needed.
	EFV	↑ or ↓ midazolam possible	Monitor for therapeutic effectiveness and toxicity of midazolam.
	ETR	Midazolam AUC ↓ 31% Midazolam active metabolite C_{max} ↑ 57%	Monitor for therapeutic effectiveness of midazolam.
	NVP	↓ midazolam possible	Monitor for therapeutic effectiveness of midazolam.
Antipsychotics			
Aripiprazole	DOR, RPV	↔ aripiprazole expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ aripiprazole expected	Monitor for therapeutic effectiveness of antipsychotic. Consider doubling usual dose of aripiprazole over 1–2 weeks. Refer to aripiprazole prescribing information for dose recommendations.

Table 21b. Drug Interactions Between Non-Nucleoside Reverse Transcriptase Inhibitors and Other Drugs (Last updated December 18, 2019; last reviewed December 18, 2019) (page 5 of 12)

Concomitant Drug	NNRTI	Effect on NNRTI and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
Antipsychotics, continued			
Brexpiprazole	DOR, RPV	↔ brexpiprazole expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ brexpiprazole expected	Monitor for therapeutic effectiveness of antipsychotic. Consider doubling the usual dose of brexpiprazole and making further adjustments based on clinical response. Refer to brexpiprazole prescribing information.
Cariprazine	DOR, RPV	↔ cariprazine expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ cariprazine and ↑ or ↓ active metabolite possible	**Do not coadminister.**
Lurasidone	DOR, RPV	↔ antipsychotic expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ antipsychotic possible	Monitor for therapeutic effectiveness of antipsychotic.
Olanzapine	DOR, ETR, NVP, RPV	↔ olanzapine expected	No dose adjustment needed.
	EFV	↓ olanzapine possible	Monitor for therapeutic effectiveness of olanzapine.
Pimavanserin	DOR, RPV	↔ pimavanserin expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ pimavanserin expected	**Do not coadminister.**
Pimozide	DOR, RPV	↔ pimozide expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ pimozide possible	Monitor for therapeutic effectiveness of pimozide.
Quetiapine	DOR, RPV	↔ antipsychotic expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ antipsychotic possible	Monitor for therapeutic effectiveness of antipsychotic.
Antifungals			
Fluconazole	DOR, RPV	↑ NNRTI possible	No dose adjustment needed.
	EFV	↔ fluconazole expected ↔ EFV AUC expected	No dose adjustment needed.
	ETR	ETR AUC ↑ 86%	No dose adjustment needed.
	NVP	NVP AUC ↑ 110%	Consider alternative ARV or antifungal agent. Increased risk of hepatotoxicity possible with this combination.
Isavuconazole	DOR, RPV	↑ NNRTI possible	No dose adjustment needed.
	EFV, ETR, NVP	↓ isavuconazole possible	Monitor isavuconazole concentration and antifungal response. Dose adjustments for isavuconazole may be necessary.
Itraconazole	DOR, RPV	↑ NNRTI possible	No dose adjustment needed.
	EFV	Itraconazole and OH-itraconazole AUC, C_{max}, and C_{min} ↓ 35% to 44%	**Do not coadminister, unless potential benefits outweigh the risks.** Failure to achieve therapeutic itraconazole concentrations has been reported. If coadministration is necessary, closely monitor itraconazole concentration and adjust dose accordingly.
	ETR	↓ itraconazole possible ↑ ETR possible	Dose adjustments for itraconazole may be necessary. Monitor itraconazole concentration and antifungal response.
	NVP	Itraconazole AUC ↓ 61% ↑ NVP possible	**Do not coadminister, unless potential benefits outweigh the risks.** If coadministration is necessary, monitor itraconazole concentration and adjust dose accordingly.

Table 21b. Drug Interactions Between Non-Nucleoside Reverse Transcriptase Inhibitors and Other Drugs (Last updated December 18, 2019; last reviewed December 18, 2019) (page 6 of 12)

Concomitant Drug	NNRTI	Effect on NNRTI and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
Antifungals, continued			
Posaconazole	DOR, ETR, NVP, RPV	↑ NNRTI possible	No dose adjustment needed.
	EFV	Posaconazole AUC ↓ 50% ↔ EFV AUC	**Do not coadminister, unless potential benefits outweigh the risks.** If coadministration is necessary, monitor posaconazole concentration and adjust dose accordingly.
Voriconazole	DOR, RPV	↑ NNRTI possible	No dose adjustment needed.
	EFV	Voriconazole AUC ↓ 77% EFV AUC ↑ 44%	**Contraindicated at standard doses.** Adjust dose to voriconazole 400 mg twice daily plus EFV 300 mg daily.
	ETR	↔ voriconazole AUC ETR AUC ↑ 36%	No dose adjustment needed.
	NVP	↓ voriconazole possible ↑ NVP possible	Consider alternative ARV or antifungal agent. If coadministration is necessary, monitor antiretroviral tolerability and antifungal response and/or voriconazole concentration.
Antimalarials			
Artemether/ Lumefantrine	DOR, RPV	↔ antimalarial expected	No dose adjustment needed.
	EFV	Artemether AUC ↓ 79% DHA AUC ↓ 75% Lumefantrine AUC ↓ 56%	Consider alternative ARV or antimalarial drug. If used in combination, monitor closely for antimalarial efficacy.
	ETR	Artemether AUC ↓ 38% ↔ DHA AUC ↔ lumefantrine AUC ↔ ETR AUC	Clinical significance of the reduced antimalarial drug concentrations unknown. If used in combination with ETR, monitor for antimalarial efficacy.
	NVP	Artemether AUC ↓ 67% to 72% **DHA:** • Study results are conflicting. DHA AUC ↓ 37% in one study, no difference in another. **Lumefantrine:** • Study results are conflicting. Lumefantrine AUC ↓ 25% to 58% in two studies but ↑ 56% in another.	Clinical significance unknown. If used in combination, monitor closely for antimalarial efficacy and lumefantrine toxicity.
Atovaquone/ Proguanil	DOR, ETR, NVP, RPV	No data	Monitor for antimalarial efficacy.
	EFV	Atovaquone AUC ↓ 75% Proguanil AUC ↓ 43%	No dose recommendation. Consider alternative drug for malaria prophylaxis, if possible.

Table 21b. Drug Interactions Between Non-Nucleoside Reverse Transcriptase Inhibitors and Other Drugs (Last updated December 18, 2019; last reviewed December 18, 2019) (page 7 of 12)

Concomitant Drug	NNRTI	Effect on NNRTI and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
Antiplatelets			
Clopidogrel	DOR, NVP, RPV	↔ clopidogrel expected	No dose adjustment needed.
	EFV, ETR	↓ activation of clopidogrel possible	Consider alternative ARV or antiplatelet. ETR may prevent metabolism of clopidogrel to its active metabolite.
Prasugrel	All NNRTIs	↔ prasugrel expected	No dose adjustment needed.
Ticagrelor	DOR, RPV	↔ ticagrelor expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ ticagrelor expected	Consider alternative ARV or anticoagulant therapy.
Vorapaxar	DOR, NVP, RPV	↔ vorapaxar expected	No dose adjustment needed.
	EFV, ETR	↓ vorapaxar expected	Insufficient data to make a dose recommendation.
Antipneumocystis and Anti-Toxoplasmosis Drugs			
Atovaquone (oral solution)	DOR, ETR, RPV, NVP	No data	Monitor for therapeutic effectiveness of atovaquone.
	EFV	Atovaquone AUC ↓ 44% to 47%	Consider alternative ARV or agent for PCP or toxoplasmosis treatment or prophylaxis. If coadministration is necessary, monitor for therapeutic effectiveness of atovaquone.
Cardiac Medications			
Dihydropyridine CCBs	DOR, RPV	↔ CCBs expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ CCBs possible	Titrate CCB dose based on clinical response.
Diltiazem, Verapamil	DOR, RPV	↔ CCBs expected ↑ NNRTI possible	No dose adjustment needed.
	EFV	Diltiazem AUC ↓ 69% ↓ verapamil possible	Titrate diltiazem or verapamil dose based on clinical response.
	ETR, NVP	↓ diltiazem or verapamil possible	
Corticosteroids			
Dexamethasone	DOR, EFV, ETR, NVP	↓ NNRTI possible	Consider alternative corticosteroid for long-term use. If dexamethasone is used with NNRTI, monitor virologic response.
	RPV	Significant ↓ RPV possible	**Contraindicated with more than a single dose of dexamethasone.**
Glucose-Lowering Agents			
Canagliflozin, Dapagliflozin, Empagliflozin, Sitagliptin	All NNRTIs	↔ antihyperglycemic expected	No dose adjustment needed.
Linagliptin, Saxagliptin	DOR, RPV	↔ antihyperglycemic expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ antihyperglycemic possible	Monitor glycemic control.
Metformin	DOR	↔ metformin AUC DOR AUC ↓ 26% and C_{max} ↓ 24%	No dose adjustment needed.
	EFV, ETR, NVP, RPV	↔ metformin expected	No dose adjustment needed.

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Concomitant Drug	NNRTI	Effect on NNRTI and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
Hepatitis C Direct-Acting Antiviral Agents			
Daclatasvir	DOR, RPV	No data	No dose adjustment needed.
	EFV, ETR, NVP	**Daclatasvir 120 mg Once Daily plus EFV 600 mg Daily Compared with Daclatasvir 60 mg Alone:** • Daclatasvir C_{min} ↓ 17% and AUC ↑ 37%	The recommended dose is daclatasvir 90 mg once daily.
Dasabuvir plus Paritaprevir/ Ombitasvir/RTV	DOR	↑ DOR possible	No dose adjustment needed.
	EFV	No data	**Contraindicated.**
	ETR, NVP	↓ DAAs possible	**Do not coadminister.**
	RPV	RPV AUC ↑ 150% to 225%	**Do not coadminister,** due to potential for QT interval prolongation with higher concentrations of RPV.
Elbasvir/ Grazoprevir	DOR	↔ elbasvir and grazoprevir DOR AUC ↑ 56% and C_{min} ↑ 41%	No dose adjustment needed.
	EFV	Elbasvir AUC ↓ 54% Grazoprevir AUC ↓ 83% ↔ EFV	**Contraindicated.**
	ETR, NVP	↓ elbasvir and grazoprevir expected	**Do not coadminister.**
	RPV	↔ elbasvir and grazoprevir ↔ RPV AUC and C_{min}	No dose adjustment needed.
Glecaprevir/ Pibrentasvir	DOR	↑ DOR expected	No dose adjustment needed.
	EFV	↓ glecaprevir and pibrentasvir expected	**Do not coadminister.**
	ETR	↓ glecaprevir and pibrentasvir possible	
	NVP	↓ glecaprevir and pibrentasvir possible	Consider alternative ARV or HCV regimen. If coadministration is necessary, monitor for HCV treatment efficacy.
	RPV	↔ glecaprevir and pibrentasvir RPV AUC ↑ 84%	No dose adjustment needed.
Ledipasvir/ Sofosbuvir	DOR, RPV	↔ ledipasvir and sofosbuvir ↔ DOR ↔ RPV	No dose adjustment needed.
	EFV	Ledipasvir AUC, C_{min}, and C_{max} ↓ 34% ↔ sofosbuvir	
	ETR, NVP	No significant effect expected	
Sofosbuvir/ Velpatasvir	DOR, RPV	No significant effect expected	No dose adjustment needed.
	EFV	Velpatasvir AUC ↓ 43% , C_{max} ↓ 37%, and C_{min} ↓ 47%	**Do not coadminister.**
	ETR, NVP	↓ velpatasvir expected	**Do not coadminister.**
Sofosbuvir/ Velpatasvir/ Voxilaprevir	DOR, RPV	No significant effect expected	No dose adjustment needed.
	EFV	Velpatasvir AUC ↓ 43% , C_{max} ↓ 37%, and C_{min} ↓47% ↓ voxilaprevir expected	**Do not coadminister.**
	ETR, NVP	↓ voxilaprevir expected ↓ velpatasvir expected	**Do not coadminister.**

Table 21b. Drug Interactions Between Non-Nucleoside Reverse Transcriptase Inhibitors and Other Drugs (Last updated December 18, 2019; last reviewed December 18, 2019) (page 9 of 12)

Concomitant Drug	NNRTI	Effect on NNRTI and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
Herbal Products			
St. John's Wort	DOR, RPV	↓ NNRTI expected	**Contraindicated.**
	EFV, ETR, NVP	↓ EFV, ETR, and NVP expected	**Do not coadminister.**
Hormonal Therapies			
Contraceptives –Injectable Depot MPA	DOR, ETR, RPV	↔ MPA expected	No dose adjustment needed.
	EFV, NVP	↔ MPA	No dose adjustment needed.
Contraceptives – Oral	DOR	↔ ethinyl estradiol ↔ levonorgestrel	No dose adjustment needed.
	EFV	↔ ethinyl estradiol Etonogestrel (metabolite of oral desogestrel) C_{min} ↓ 61% Levonorgestrel (metabolite of oral norgestimate) AUC ↓ 83% Norelgestromin (metabolite of oral norgestimate) AUC ↓ 64%	**When Used for Contraception:** • Use alternative ARV or contraceptive methods. **When Used for Other Clinical Indications (e.g., Acne, Menstrual Cycle Regulation):** • Monitor for clinical effectiveness of hormonal therapy.
	ETR	Ethinyl estradiol AUC ↑ 22% ↔ norethindrone	No dose adjustment needed.
	NVP	Ethinyl estradiol AUC ↓ 29% and C_{min} ↓ 58% Norethindrone AUC ↓ 18% Etonogestrel (metabolite of oral desogestrel) C_{min} ↓ 22%	No dose adjustment needed based on clinical data that demonstrated no change in effectiveness
	RPV	↔ ethinyl estradiol ↔ norethindrone	No dose adjustment needed.
Contraceptives – Subdermal Implant Etonogestrel	DOR, RPV	↔ etonogestrel expected	No dose adjustment needed.
	EFV	Etonogestrel AUC ↓ 63% to 82%	Use alternative ARV or contraceptive methods.
	ETR	↓ etonogestrel possible	No data available to make dose recommendation.
	NVP	↔ etonogestrel	No dose adjustment needed.
Contraceptives –Subdermal Implant Levonorestrel	DOR, RPV	↔ levonorgestrel expected	No dose adjustment needed.
	EFV	Levonorgestrel AUC ↓ 47%	Use alternative ARV or contraceptive methods. Unintended pregnancies were observed in women who used EFV and levonorgestrel implant concomitantly.
	ETR	↓ levonorgestrel possible	No data available to make dose recommendation.
	NVP	Levonorgestrel AUC ↑ 35%	No dose adjustment needed.
Contraceptives – Vaginal Ring Etonogestrel/ Ethinyl Estradiol	DOR, RPV	↔ etonogestrel and ethinyl estradiol expected	No dose adjustment needed.

Table 21b. Drug Interactions Between Non-Nucleoside Reverse Transcriptase Inhibitors and Other Drugs (Last updated December 18, 2019; last reviewed December 18, 2019) (page 10 of 12)

Concomitant Drug	NNRTI	Effect on NNRTI and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
Hormonal Therapies, continued			
Contraceptives – Vaginal Ring Etonogestrel/ Ethinyl Estradiol	EFV	Ethinyl estradiol (intravaginal ring) AUC ↓ 56% Etonogestrel (intravaginal ring) AUC ↓ 81%	Consider alternative ARV or contraceptive method.
	ETR, NVP	↓ etonogestrel and ethinyl estradiol possible	No data available to make dose recommendation.
Contraceptives – Vaginal Ring Segesterone/ Ethinyl Estradiol	DOR, RPV	↔ segesterone and ethinyl estradiol expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ segesterone and ethinyl estradiol possible	Consider alternative ARV or contraceptive method.
Emergency Contraceptives Levonorgestrel (oral)	DOR, RPV	↔ levonorgestrel expected	No dose adjustment needed.
	EFV	Levonorgestrel AUC ↓ 58%	Effectiveness of emergency postcoital contraception may be diminished.
	NVP, ETR	↓ levonorgestrel possible	No data available to make dose recommendation.
Gender-Affirming Therapy	DOR, RPV	↔ hormonal concentrations expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ estradiol possible ↔ goserelin, leuprolide acetate, and spironolactone expected ↓ dutasteride and finasteride possible	Monitor feminizing effects of estrogen and antiandrogen therapy and titrate dose as necessary to achieve therapeutic goals.
	EFV, ETR, NVP	↓ testosterone possible	Monitor masculinizing effects of testosterone and titrate testosterone dose as necessary to achieve therapeutic goals.
Menopausal Replacement Therapy	DOR, RPV	↔ hormonal concentrations expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ estrogen possible with estradiol or conjugated estrogen (equine and synthetic) ↓ medroxyprogesterone possible ↓ micronized progesterone possible ↓ drospirenone possible See Contraceptives – Oral for other progestin-NNRTI interactions	Monitor menopausal symptoms. Titrate to the dose of hormonal therapy that achieves menopausal symptom relief.
Immunosuppressants			
Cyclosporine	DOR, RPV	↔ cyclosporine expected ↑ NNRTI possible	No dose adjustment needed.
	EFV, ETR, NVP	↓ cyclosporine possible	Increase in immunosuppressant dose may be necessary. Therapeutic drug monitoring of immunosuppressant is recommended. Consult with specialist as necessary.
Everolimus, Sirolimus, Tacrolimus	DOR, RPV	↔ immunosuppressant expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ immunosuppressant possible	Increase in immunosuppressant dose may be necessary. Therapeutic drug monitoring of immunosuppressant is recommended. Consult with specialist as necessary.

Table 21b. Drug Interactions Between Non-Nucleoside Reverse Transcriptase Inhibitors and Other Drugs (Last updated December 18, 2019; last reviewed December 18, 2019) (page 11 of 12)

Concomitant Drug	NNRTI	Effect on NNRTI and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
Lipid-Modifying Agents			
Atorvastatin	DOR, RPV	↔ atorvastatin AUC	No dose adjustment needed.
	EFV, ETR	Atorvastatin AUC ↓ 32% to 43%	Adjust atorvastatin dose according to lipid response, but do not exceed the maximum recommended dose.
	NVP	↓ atorvastatin possible	Adjust atorvastatin dose according to lipid response, but do not exceed the maximum recommended dose.
Fluvastatin	DOR, NVP, RPV	↔ fluvastatin expected	No dose adjustment needed.
	EFV, ETR	↑ fluvastatin possible	Dose adjustments for fluvastatin may be necessary. Monitor for fluvastatin toxicity.
Lovastatin, Simvastatin	DOR, RPV	↔ lovastatin and simvastatin expected	No dose adjustment needed.
	EFV	Simvastatin AUC ↓ 68% Simvastatin active metabolite AUC ↓ 60%	Adjust simvastatin dose according to lipid response, but do not exceed the maximum recommended dose.
	ETR, NVP	↓ lovastatin possible ↓ simvastatin possible	Adjust lovastatin or simvastatin dose according to lipid response, but do not exceed the maximum recommended dose.
Pitavastatin	DOR, ETR, NVP, RPV	↔ pitavastatin expected	No dose adjustment needed.
	EFV	↔ pitavastatin AUC	No dose adjustment needed.
Pravastatin	DOR, NVP, RPV	↔ pravastatin expected	No dose adjustment needed.
	EFV	Pravastatin AUC ↓ 44%	Adjust statin dose according to lipid responses, but do not exceed the maximum recommended dose.
	ETR	↓ pravastatin possible	
Rosuvastatin	DOR, EFV, ETR, NVP, RPV	↔ rosuvastatin expected	No dose adjustment needed.
Narcotics/Treatments for Opioid Dependence			
Buprenorphine Sublingual or buccal	DOR, RPV	↔ buprenorphine expected	No dose adjustment needed.
	EFV	Buprenorphine AUC ↓ 50% Norbuprenorphine (active metabolite) AUC ↓ 71%	No dose adjustment needed; monitor for withdrawal symptoms.
	ETR	Buprenorphine AUC ↓ 25%	No dose adjustment needed.
	NVP	No significant effect	No dose adjustment needed.
Buprenorphine Implant	DOR, RPV	↔ buprenorphine expected	No dose adjustment needed.
	EFV, ETR, NVP	No data	Clinical monitoring is recommended when NNRTI is initiated after insertion of buprenorphine implant.
Lofexidine	DOR, EFV, ETR, NVP, RPV	↔ lofexidine expected	No dose adjustment needed.
Methadone	DOR, ETR	No significant effect	No dose adjustment needed.
	EFV	Methadone AUC ↓ 52%	Opioid withdrawal common; monitor and increase methadone dose as necessary.
	NVP	Methadone AUC ↓ 37% to 51% ↔ NVP	Opioid withdrawal common; monitor and increase methadone dose as necessary.
	RPV	R-methadone[a] AUC ↓ 16%	No dose adjustment needed, but monitor for withdrawal symptoms.

Table 21b. Drug Interactions Between Non-Nucleoside Reverse Transcriptase Inhibitors and Other Drugs (Last updated December 18, 2019; last reviewed December 18, 2019) (page 12 of 12)

Concomitant Drug	NNRTI	Effect on NNRTI and/or Concomitant Drug Concentrations	Dosing Recommendations and Clinical Comments
PDE5 Inhibitors			
Sildenafil	DOR	↔ sildenafil expected	No dose adjustment needed.
	EFV, NVP	↓ sildenafil possible	May need to titrate sildenafil dose based on clinical effect.
	ETR	Sildenafil AUC ↓ 57%	May need to titrate sildenafil dose based on clinical effect.
	RPV	↔ sildenafil AUC and C_{max}	No dose adjustment needed.
Tadalafil	DOR, RPV	↔ tadalafil expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ tadalafil possible	May need to titrate tadalafil dose based on clinical effect.
Avanafil, Vardenafil	DOR, RPV	↔ avanafil or vardenafil expected	No dose adjustment needed.
	EFV, ETR, NVP	↓ avanafil or vardenafil possible	May need to increase PDE5 inhibitor dose based on clinical effect.

[a] R-methadone is the active form of methadone.

Key to Symbols:

↑ = increase

↓ = decrease

↔ = no change

Key: ARV = antiretroviral; AUC = area under the curve; CCB = calcium channel blocker; C_{max} = maximum plasma concentration; C_{min} = minimum plasma concentration; DAA = direct-acting antiviral; DHA = dihydroartemisinin; DLV = delavirdine; DOR = doravirine; EFV = efavirenz; ETR = etravirine; FDA = Food and Drug Administration; HCV = hepatitis C virus; INR = international normalized ratio; MAC = *Mycobacterium avium* complex; MPA = medroxyprogesterone acetate; NNRTI = non-nucleoside reverse transcriptase inhibitor; NVP = nevirapine; OH-itraconazole = active metabolite of itraconazole; PCP = *Pneumocystis jirovecii* pneumonia; PDE5 = phosphodiesterase type 5; PI/c = protease inhibitor/cobicistat; PI/r = protease inhibitor/ritonavir; PK = pharmacokinetic; PPI = proton pump inhibitor; RPV = rilpivirine; RTV = ritonavir