Analgesic Treatment Selector

Charts revised December 2017. Full information available at www.hiv-druginteractions.org

		ATV/r	DRV/r	LPV/r	EFV	ETV	NVP	RPV	MVC	DTG	RAL	ABC	FTC	3TC	TDF	ZDV	E/C/F/TAF	E/C/F/TDF
Non-opioid Analgesics	Aspirin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	h	↔	↔	h
	Celecoxib	↔	↔	↔	↑a	↑a	↔	↔	↔	↔	↔	↔	↔	↔	h	↔	↔	h
	Diclofenac	↔	↔	↔	↑a	↑a	↔	↔	↔	↔	↔	↔	↔	↔	⇑h	↔	↔	⇑h
	Ibuprofen	↔	↔	↔	↑a	↑a	↔	↔	↔	↔	↔	↔	↔	↔	⇑h	↔b	↔	⇑h
	Mefenamic acid	↔	↔	↔	↑a	↑a	↔	↔	↔	↔	↔	↔	↔	↔	⇑h	↔	↔	⇑h
	Naproxen	↔	↔	↔	↑a	↑a	↔	↔	↔	↔	↔	↔	↔	↔	⇑h	↔b	↔	⇑h
	Nimesulide	↔	↔	↔	↑a	↑a	↔	↔	↔	↔	↔	↔	↔	↔	h	↔	↔	h
	Paracetamol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Piroxicam	↔	↔	↔	↑a	↑a	↔	↔	↔	↔	↔	↔	↔	↔	h	↔	↔	h
Opioid Analgesics	Alfentanil	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Buprenorphine	↑67%	↑c	↔	↓50%	↓25%	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑35%	↑35%
	Codeine	↑d	↑d	↑d	↓d	↓d	↓d	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑d	↑d
	Dihydrocodeine	↓↑	↓↑	↓↑	↓↑	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Fentanyl	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Methadone	↓e	↓16%	↓53%e	↓52%	↑6%	↓~50%	↓16%e	↔	↔	↔	↓	↔	↔	↔	⇑	↑7%	↑7%
	Morphine	↓i	↓i	↓i	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Oxycodone	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Pethidine	↓f	↓f	↓f	↓f	↓f	↓f	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Sufentanil	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Tramadol	↑d	↑d	↑d	↓g	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑d	↑d

Colour Legend

- No clinically significant interaction expected.
- These drugs should not be coadministered.
- Potential interaction which may require a dosage adjustment or close monitoring.
- Potential interaction predicted to be of weak intensity. No *a priori* dosage adjustment is recommended.

Text Legend

↑ Potential increased exposure of the analgesic

↓ Potential decreased exposure of the analgesic

↔ No significant effect

⇑ Potential increased exposure of HIV drug

Numbers refer to increased or decreased AUC of the analgesic as observed in drug-drug interaction studies.

a Clinical significance unknown. Use the lowest recommended dose particularly in patients with risk factors for cardiovascular disease, those patients at risk of developing gastrointestinal complications, patients with hepatic or renal impairment, and in elderly patients.

b Potential additive hematological toxicity

c Concentrations of parent drug unchanged but concentrations of metabolite increased.

d Potential decrease of the analgesic effect due to the reduced conversion to the active metabolite.

e Both drugs can potentially prolong the QT interval, ECG monitoring recommended.

f Concentrations of parent drug decreased and concentrations of the neurotoxic metabolite increased.

g Concentrations of parent drug decreased but no change in concentrations of the more active metabolite.

h Potential risk of nephrotoxicity which is increased if NSAID is used for a long duration, if the patient has a pre-existing renal dysfunction, has a low body weight or receives other drugs that may increase TDF exposure. Concurrent use of NSAIDs with TDF warrants monitoring of renal function.

i Inhibition of P-gp by ritonavir could potentiate the effect of the opiate in the CNS.

Abbreviations ATV atazanavir ABC abacavir DRV darunavir FTC emtricitabine LPV lopinavir 3TC lamivudine /r ritonavir TDF tenofovir disoproxil fumarate EFV efavirenz ZDV zidovudine ETV etravirine NVP nevirapine E/C/F/ Elvitegravir/Cobicistat/FTC RPV rilpivirine TAF tenofovir alafenamide MVC maraviroc DTG dolutegravir RAL raltegravir