

Analgesic Treatment Selector

Charts revised March 2021. Full information available at www.hiv-druginteractions.org

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	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV	MVC	BIC/ F/TAF	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	ABC	FTC or 3TC	F/TAF	TDF	ZDV
Non-opioid Analgesics																					
Aspirin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ ^a	↔	↔	↔	↔	↔ ^a	↔
Celecoxib	↔	↔	↔	↔	↔	↔	↔ ^b	↔ ^b	↔	↔	↔	↔	↔	↔	↔ ^a	↔	↔	↔	↔	↔ ^a	↔
Diclofenac	↔	↔	↔	↔	↔	↔	↔ ^b	↔ ^b	↔	↔	↔	↔	↔	↔	↔ ^a	↔	↔	↔	↔	↔ ^a	↔
Ibuprofen	↔	↔	↔	↔	↔	↔	↔ ^b	↔ ^b	↔	↔	↔	↔	↔	↔	↔ ^a	↔	↔	↔	↔	↔ ^a	↔ ^c
Mefenamic acid	↔	↔	↔	↔	↔	↔	↔ ^b	↔ ^b	↔	↔	↔	↔	↔	↔	↔ ^a	↔	↔	↔	↔	↔ ^a	↔
Naproxen	↔	↔	↔	↔	↔	↔	↔ ^b	↔ ^b	↔	↔	↔	↔	↔	↔	↔ ^a	↔	↔	↔	↔	↔ ^a	↔ ^c
Nimesulide	↔	↔	↔	↔	↔	↔	↔ ^b	↔ ^b	↔	↔	↔	↔	↔	↔	↔ ^a	↔	↔	↔	↔	↔ ^a	↔
Paracetamol	↔	↓3%	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Piroxicam	↔	↔	↔	↔	↔	↔	↔ ^b	↔ ^b	↔	↔	↔	↔	↔	↔	↔ ^a	↔	↔	↔	↔	↔ ^a	↔
Opioid Analgesics																					
Alfentanil	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Buprenorphine	↑	↑67%	↑	↓11% ^d	↑~2%	↔	↓50%	↓25%	↓9%	↔	↔	↔	↔	↑35%	↑35%	↔	↔	↔	↔	↔	↔
Codeine	↑ ^e	↑ ^e	↑ ^e	↑ ^e	↑ ^e	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^e	↑ ^e	↔	↔	↔	↔	↔	↔
Dextropropoxyphene	↑	↑	↑	↑	↑	↔	↓ ^f	↓ ^f	↓ ^f	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Dihydrocodeine	↑ ^e	↓↑	↑ ^e	↓↑	↓↑	↔	↓↑	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Fentanyl	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Hydrocodone	↓↑	↓↑	↓↑	↓↑	↓↑	↔	↓↑	↓↑	↓↑	↔	↔	↔	↔	↓↑	↓↑	↔	↔	↔	↔	↔	↔
Methadone	↔♥	↔♥	↑	↓16%	↓53%♥	↓5% ↓26%	↓52%	↑6%	↓~50%	↓16%♥	↔	↔	↓2%	↑7%	↑7%	↔	↓	↔	↔	↑~5%	↑
Morphine	↓ ^g	↓ ^g	↓ ^g	↓ ^g	↓ ^g	↔	↑	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Oxycodone	↑	↑	↑	↑	↑160%	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Pethidine	↑	↓	↑	↓	↓	↔	↓ ^h	↓ ^h	↓ ^h	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Sufentanil	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tramadol	↑ ^e	↑ ^e	↑ ^e	↑ ^e	↑ ^e	↔	↓ ⁱ	↔	↓ ⁱ	↔	↔	↔	↔	↑ ^e	↑ ^e	↔	↔	↔	↔	↔	↔

Colour Legend

	No clinically significant interaction expected.
	These drugs should not be coadministered.
	Potential interaction which may require a dose adjustment or close monitoring.
	Potential interaction predicted to be of weak intensity. No <i>a priori</i> 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
- ↘ Potential decreased exposure of HIV drug
- ♥ One or both drugs may cause QT and/or PR prolongation. ECG monitoring is advised if coadministered with atazanavir or lopinavir; caution is advised with rilpivirine as supratherapeutic doses of rilpivirine (75 and 300 mg once daily) were shown to prolong the QT interval.
- Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

Notes

- a 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.
- b 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.
- c Potential additive hematological toxicity
- d Concentrations of norbuprenorphine increased.
- e Potential decrease of the analgesic effect due to the reduced conversion to the active metabolite.
- f Concentrations of parent drug decreased and concentrations of the cardiotoxic metabolite increased.
- g Inhibition of P-gp by cobicistat or ritonavir could potentiate the effect of the opiate in the CNS.
- h Concentrations of parent drug decreased and concentrations of the neurotoxic metabolite increased.
- i Concentrations of parent drug decreased but no change in concentrations of the more active metabolite.