### Analgesic Treatment Selector

**Interactions with CAB/RPV long acting injections**

Pharmacokinetic interactions shown are mostly with RPV. QT interactions shown are with RPV.

**Interactions with Ibalizumab**

None

### 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 a priori dosage adjustment is recommended.**

### Text Legend

- **↑** Potential increased exposure of the analgesic
- **↓** Potential increased exposure of HIV drug
- **+** Potential decreased exposure of the analgesic
- **-** No significant effect
- **♥** One or both drugs may cause QT and/or PR prolongation.
- **ECG monitoring is advised when coadministered with atazanavir or lopinavir.**
- **Rilpavinir and fostemsavir were studied to prolong the QT interval at supratherapeutic doses. Caution is advised with rilpavinir. ECG monitoring is advised with fostemsavir and drugs with a known QT prolongation risk.**

### 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** Concentrations of norbuprenorphine increased.
- **d** Potential decrease of the analgesic effect due to the reduced conversion to the active metabolite.
- **e** Concentrations of parent drug decreased and concentrations of the cardiotoxic metabolite increased.
- **f** Inhibition of P-gp by colchicine, rifabutin or efavirenz could potentiate the effect of the opioid in the CNS.
- **g** Concentrations of parent drug decreased but concentrations of active metabolite increased.
- **h** Concentrations of hydrocodeine increased, but concentrations norhydrocodeine and hydromorphone decreased. The clinical significance of this is unclear.
- **i** Concentrations of hydrocodeine decreased, but concentrations norhydrocodeine increased. The clinical significance of this is unclear.
- **j** Concentrations of parent drug decreased and concentrations of the neurotoxic metabolite increased.
- **k** Concentrations of parent drug decreased but no change in concentrations of the more active metabolite.

### Abbreviations

- ATV/VC: Atazanavir/ritonavir
- DRV/TC: Darunavir/ritonavir
- LPV/r: Lopinavir/ritonavir
- ABC: Abacavir
- NVP: Nevirapine
- DTG: Dolutegravir
- EVG/FTC/TAF: Elvitegravir/FTC/TAF
- RAL: Raltegravir
- TDF: Tenofovir disoproxil fumarate
- F/TDF: TAF

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