

Contraceptive Treatment Selector

Charts reviewed October 2019. 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
Estrogens																					
Ethinylestradiol	↑1% ^a	↓19% ^b	↓30% ^c	↓44% ^c	↓42% ^c	↓2%	↔ ^d	↑22%	↓20%	↑14%	↓<1%	↑4%	↑3%	↓25% ^e	↓25% ^e	↓2%	↔	↔	↔	↔	↔
Progestins (Combined Oral Contraceptive, COC)																					
Desogestrel	↑ ^{a,f}	↑ ^{b,f}	↑ ^{c,f}	↑ ^{f,g}	↑ ^{f,g}	↔	↓ ^h	↓	↓	↔	↔	↔	↔	↑ ⁱ	↑ ⁱ	↔	↔	↔	↔	↔	↔
Drospirenone	↑130% ^j	↑ ^b	↑58% ^c	↑ ^g	↑ ^g	↔	↓ ^h	↓	↓	↔	↔	↔	↔	↑ ⁱ	↑ ⁱ	↔	↔	↔	↔	↔	↔
Gestodene	↑ ^a	↑ ^b	↑ ^c	↑ ^g	↑ ^g	↔	↓ ^h	↓	↓	↔	↔	↔	↔	↑ ⁱ	↑ ⁱ	↔	↔	↔	↔	↔	↔
Levonorgestrel	↓8% ^a	↑ ^b	↑ ^c	↑ ^g	↑ ^g	↑21%	↓ ^h	↓	↑	↔	↓2%	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Norethisterone (Norethindrone)	↑ ^a	↑ ^{b,k}	↑ ^c	↓14% ^h	↓17% ^h	↔	↓ ^h	↓5%	↓19%	↓11%	↔	↔	↔	↑ ⁱ	↑ ⁱ	↔	↔	↔	↔	↔	↔
Norgestimate	↑ ^a	↑85% ^b	↑ ^c	↑ ^g	↑ ^g	↔	↓64% ^h	↓	↓	↔	↔	↑8%	↓2%	↑126% ⁱ	↑126% ⁱ	↑14%	↔	↔	↔	↔	↔
Norgestrel	↑ ^a	↑ ^b	↑ ^c	↑ ^g	↑ ^g	↔	↓ ^h	↓	↑29%	↔	↔	↔	↔	↑ ⁱ	↑ ⁱ	↔	↔	↔	↔	↔	↔
Progestins (Progestin only pill, POP)																					
Desogestrel	↑ ^f	↑ ^f	↑ ^f	↑ ^f	↑	↔	↓ ^h	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Levonorgestrel	↑	↑	↑	↑	↑	↔	↓ ^h	↓	↑	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Norethisterone (Norethindrone)	↔ ^c	↑50% ^k	↔ ^c	↑50%	↑50%	↔	↓ ^h	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Progestins (Non-oral)																					
Etonogestrel (implant)	↑	↑	↑	↑	↑52%	↔	↓63% ^l	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Etonogestrel (CVR)	↑	↑~80% ^m	↑	↑ ^m	↑ ^m	↔	↓~79% ⁿ	↓	↓	↔	↔	↔	↔	↑ ^m	↑ ^m	↔	↔	↔	↔	↔	↔
Levonorgestrel (implant)	↑	↑	↑	↑	↑	↔	↓57% ^l	↓	↑14%	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Levonorgestrel (IUD)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Medroxy- progesterone (depot)	↔	↔	↔	↔	↑70%	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Norelgestromin (patch)	↑ ^c	↑ ⁿ	↑ ^c	↑ ^o	↑83% ^q	↔	↓ ^h	↓	↓	↔	↔	↔	↔	↑ ⁱ	↑ ⁱ	↔	↔	↔	↔	↔	↔
Norethisterone (Norethindrone) (depot)	↔	↔	↔	↔	↔	↔	↓ ^h	↓	↓	↓	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Other																					
Levonorgestrel (EC)	↑ ^p	↑ ^p	↑ ^p	↑ ^p	↑ ^p	↔	↓58% ^q	↔	↔	↔	↔	↔	↔	↑ ^p	↑ ^p	↔	↔	↔	↔	↔	↔
Mifepristone	↑ ^p	↑ ^p	↑ ^p	↑ ^p	↑ ^p	↔	↓	↓	↓	↑ ^p	↑ ^p	↔	↔	↑ ^p	↑ ^p	↔	↔	↔	↔	↔	↔
Ulipristal	↑ ^p	↑ ^p	↑ ^p	↑ ^p	↑ ^p	↔	↓ ^r	↓ ^r	↓ ^r	↔	↔	↔	↔	↑ ^p	↑ ^p	↔	↔	↔	↔	↔	↔

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 hormone
↓	Potential decreased exposure of the hormone
↔	No significant effect

Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

CVR	Combined vaginal ring
IUD	Intra uterine device
EC	Emergency contraception

Notes

- Product labels for atazanavir/cobicistat advise coadministration with hormonal contraceptives should be avoided and an alternate (non-hormonal) reliable method of contraception is recommended.
- Unboosted ATV increased ethinylestradiol AUC by 48%. Use no more than 30 µg of ethinylestradiol if coadministered with unboosted ATV and at least 35 µg of ethinylestradiol if coadministered with ATV/r.
- Alternative or additional contraceptive measures are recommended.
- Depending on the contraceptive method, ethinylestradiol can be either unchanged (COC) or decreased (CVR). Levels of coadministered progestin were markedly decreased. A reliable method of barrier contraception must be used in addition to oral contraception.
- European SPC states a hormonal contraceptive should contain at least 30 µg ethinylestradiol.
- Increased conversion to the active metabolite, etonogestrel.
- When used in a COC the estrogen component is reduced. In the absence of clinical data on the contraceptive efficacy, caution is recommended and additional contraceptive measures should be used.
- A reliable method of barrier contraception must be used in addition to oral contraception.
- When used in a COC, the estrogen component is reduced to a limited extent. The European SPC states a hormonal contraceptive should contain at least 30 µg ethinylestradiol.
- Coadministration is contraindicated in the US product label due to the potential for hyperkalaemia. The European product label recommends clinical monitoring for hyperkalaemia.
- Unboosted ATV increased norethisterone AUC by 2.1-fold.
- The use of implants or vaginal rings is not recommended in women on long-term treatment with hepatic enzyme-inducing drugs.
- Predicted to increase etonogestrel but to reduce ethinylestradiol concentrations. Since no dosage adjustment of ethinylestradiol is possible with the CVR, alternative forms of contraception should be used.
- The efficacy of norelgestromin patch is unlikely to be impaired since the patch releases 33 µg ethinylestradiol/day which meets the recommendation in the product labels for atazanavir that the hormonal contraceptive should contain at least 30 µg ethinylestradiol in presence of atazanavir/ritonavir.
- Norelgestromin is administered with ethinylestradiol as a transdermal patch. Ethinylestradiol exposure was reduced which may compromise contraceptive efficacy. Caution is recommended and additional contraceptive measures should be used.
- Any increase in exposure is unlikely to be clinically significant when used as a single dose.
- Use 3 mg as a single dose for emergency contraception. Of note, the doubling of the standard dose is outside the product license and there is limited evidence in relation to efficacy.
- Not recommended. Non-hormonal emergency contraception (Cu-IUD) should be considered.