### Contraceptive 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

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### Abbreviations

- **ATV/c**: Atazanavir/calcitipectin
- **ATV/Dr**: Atazanavir/drotrecogin alfa
- **DRT/c**: Dronedarone/calcitipectin
- **DRT/Dr**: Dronedarone/drotrecogin alfa
- **LPV/Dr**: Lopinavir/drotrecogin alfa
- **DOR**: Doravirine
- **EFV**: Efavirenz
- **ETV**: Etravirine
- **NVP**: Nevirapine
- **RPT**: Ritonavir
- **EFV/ETV**: Efavirenz/efavirenz
- **EFV/ETV**: Efavirenz/efavirenz/efavirenz
- **BIC/c**: Bicalutamide/calcitipectin
- **BIC/Dr**: Bicalutamide/drotrecogin alfa
- **CAB**: Cabotegravir
- **CAB/c**: Cabotegravir/calcitipectin
- **CAB/Dr**: Cabotegravir/drotrecogin alfa
- **DTG**: Dolutegravir
- **EVG/c**: Efavirenz/vinorelbin/calcitipectin
- **EVG/Dr**: Efavirenz/drotrecogin alfa
- **RAL**: Raltegravir
- **FTC/c**: Fostamatin/calcitipectin
- **FTC/Dr**: Fostamatin/drotrecogin alfa
- **TDF**: Tenofovir alafenamide
- **TDF/c**: Tenofovir alafenamide/calcitipectin
- **TDF/Dr**: Tenofovir alafenamide/drotrecogin alfa
- **DF**: Dolutegravir/fosamprenavir

**Notes**

- a Product labels for ATV/c advise coadministration with hormonal contraceptives should be avoided and an alternate (non-hormonal) reliable method of contraception is recommended.
- b Unboosted ATV increased ethinylestradiol AUC by 48%. Use no more than 30 μg of ethinylestradiol with boosted ATV, and at least 35 μg of ethinylestradiol with ATV/c.
- c Alternative or additional contraceptive measures are recommended.
- d Depending on the contraceptive method, ethinylestradiol can be either unchanged (COCC) or decreased (CVR). Levels of coadministered progestin were markedly decreased. A reliable method of barrier contraception must be used in addition to oral contraception.
- e The daily dose of ethinylestradiol should not exceed 30 μg. Caution is advised, particularly in patients with additional risk factors for thromboembolic events.
- f The European product label states a hormonal contraceptive should contain at least 30 μg ethinylestradiol.
- g When used in a COCC the estrogen component is reduced. In the absence of clinical contraceptive efficacy data, use with caution and with additional contraceptive measures.
- h A reliable barrier contraceptive method must be used in addition to oral contraception.
- i No effect on the progestin is expected, but ethinylestradiol is expected.
- j When used in a COCC, the estrogen component is reduced to a limited extent. The European product label recommends a hormonal contraceptive should contain at least 30 μg ethinylestradiol.
- k Increased conversion to the active metabolite, etonogestrel.
- l Coadministration is contraindicated in the US product label due to potential hyperkalaemia.
- m Clinical monitoring is recommended due to the potential for hyperkalaemia.
- n Unboosted ATV increased norethisterone AUC by 2:1-fold.
- o The use of implants or vaginal rings is not recommended in women on long-term treatment with hepatic enzyme-inducing drugs.
- p 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.
- q No effect on etonogestrel is expected but an increase in ethinylestradiol cannot be excluded and the clinical relevance of this is unknown. Caution is advised, particularly in patients with additional risk factors for thromboembolic events.
- r A higher risk of subtherapeutic DMFA concentrations (i.e., <0.1 ngl/ml) at week 12 has been predicted in women with higher body weight on EFV treatment and an even higher risk when EFV is given with rilpamip. The risk of subtherapeutic concentrations is prevented by dosing DMFA every 8-10 weeks in these women.
- s The efficacy of norelgestromin patch is unlikely to be impaired since the patch releases 33 μg ethinylestradiol/day. This meets the recommendation in the ATV product label that the hormonal contraceptive should contain at least 30 μg ethinylestradiol in presence of ATV/c.
- t 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.
- u Any increase in exposure is unlikely to be clinically significant when used as a single dose.
- v Use 3 mg as a single dose for emergency contraception. Of note, doubling the standard dose is outside the product license and there is limited evidence in relation to efficacy.
- w Not recommended. Non-hormonal emergency contraception (Cu-IUD) should be considered.