Ulipristal
Mifepristone
Other
progesterone (depot)
Etonogestrel (CVR)
Etonogestrel
Progestins (Non-Drospirenone)
Desogestrel
Ethinylestradiol
Cautions

CAB/CVR long acting injections
Pharmacokinetic interactions shown are mostly with RPV. QT interactions shown are with RPV.

With Abacavir (ABC), Lamivudine (3TC) or Zidovudine (ZDV)

ABC: No clinically relevant interactions expected.
3TC: No clinically relevant interactions expected.
ZDV: No clinically relevant interactions expected.

Notes

Potential interaction which may require a dose adjustment or close monitoring.
No potential interaction predicted to be of weak intensity.
No prior dosage adjustment is recommended.

Text Legend

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Unboosted ATV increased ethinylestradiol 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.
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.
A higher risk of subtherapeutic DMPA concentrations (i.e., <0.1 ng/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 rifampicin. The risk of subtherapeutic concentrations is prevented by dosing DMPA every 8-10 weeks in these women.
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 labels that the hormonal contraceptive should contain at least 30 µg ethinylestradiol in presence of ATV.

Interactions with Abacavir (ABC), Lamivudine (3TC) or Zidovudine (ZDV)

ABC: No clinically relevant interactions expected.
3TC: No clinically relevant interactions expected.
ZDV: No clinically relevant interactions expected.

Notes

Product labels for ATIV/c 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 with unboosted ATV, and at least 35 µg of ethinylestradiol with ATV/c.
Alternative or additional contraceptive measures are recommended.
Depending on the contraceptive method, ethinylestradiol can be either unchanged (COC) or decreased (CVR). Levels of contraception may be markedly decreased. A reliable method of barrier contraception must be used in addition to oral contraception.
The daily dose of ethinylestradiol should not exceed 30 µg. Caution is advised, particularly in patients with additional risk factors for thromboembolic events.
The European product label states a hormonal contraceptive should contain at least 30 µg ethinylestradiol.
When used in a COC the estrogen component is reduced. In the absence of clinical contraceptive efficacy data, use with caution and with additional contraceptive measures.
A reliable barrier contraceptive method must be used in addition to oral contraception.
No effect on the progestin is expected, but ethinylestradiol is increased.
When used in a COC, the estrogen component is reduced to a limited extent. The European product label recommends clinical monitoring for hyperkaemia.
Coadministration is contraindicated in the US product label due to potential hyperkaemia.
Clinical monitoring is recommended due to the potential for hyperkaemia.

Abbreviations
ATV/c
ATIV/c
DRTV/c
DRTV
LPV/r
DOR
EFV
ETV
NVP
RPV oral
FTR
MVC
BIC/CFTAF
CAB oral
CAB/RPV
DTG
EVG/CFTAF
EVG/CFTDF
RAL
FTC/TAF
FTC/TDF
TDF