Anxiolytics/Hypnotics

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	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV oral	FTR	LEN	MVC	BIC/ F/TAF	CAB oral	CAB/ RPV	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	FTC/ TAF	FTC/ TDF
Anxiolytics																						
Alprazolam	↑	↑a	↑	↑a	↑a	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Bromazepam	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Buspirone	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Clorazepate	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Diazepam	↑	↑	↑	↑	↑	↔	↓	↓b	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Lorazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oxazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Hypnotics																						
Chlordiazepoxide	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Estazolam	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Flunitrazepam	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Flurazepam	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Lormetazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Midazolam (oral)	↑	↑	↑	↑	↑	↓18%	↓c	↓	↓	↔	↔	↑259%	↑18%	↑15%	↑10%	↔	↔	↑	↑	↓8%	↔	↔
Temazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Triazolam	↑	↑	↑	↑	↑	↔	↓c	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Valerian	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zaleplon	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Zolpidem	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Zopiclone	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔

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

Interactions with Lenacapavir
Residual LEN may affect exposure of sensitive CYP3A4 substrates initiated within 9 months after stopping subcutaneous LEN.

Interactions with Ibalizumab
None

Interactions with Abacavir (ABC), Lamivudine (3TC), Tenofovir-DF (TDF) or Zidovudine (ZDV)
ABC: No clinically relevant interactions expected.
3TC: No clinically relevant interactions expected.
TDF: No clinically relevant interactions expected.
ZDV: No clinically relevant interactions expected.

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 anxiolytic/hypnotic
↓ Potential decreased exposure of the anxiolytic/hypnotic
↔ No significant effect

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

Notes

a Initial inhibitory effect followed by inductory effect in presence of ritonavir. Start alprazolam at a lower dose and increase if needed.

b Diazepam is metabolized to nordiazepam (by CYP3A4 and CYP2C19) and to temazepam (mainly by CYP3A4). Based on these metabolic pathways, a decrease in diazepam exposure is expected as the effect of induction of CYP3A4 by etravirine is predicted to be greater than inhibition of CYP2C19 by etravirine. However, etravirine product labels state coadministration may increase plasma concentrations of diazepam (likely due to inhibition of CYP2C19 by etravirine).

c The efavirenz European SPC (but no longer the US Prescribing Information) contraindicates coadministration citing competition for CYP3A4 by efavirenz as a potential mechanism for inhibition of midazolam or triazolam metabolism which may result in potential serious and/or life-threatening adverse events.

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Abbreviations ATV atazanavir, DRV darunavir, LPV lopinavir, /c cobicistat, /r ritonavir, DOR doravirine, EFV efavirenz, ETV etravirine, NVP nevirapine, RPV rilpivirine, FTR fostemsavir, LEN lenacapavir, MVC maraviroc, BIC bictegravir, CAB cabotegravir, DTG dolutegravir, EVG elvitegravir, RAL raltegravir, F or FTC emtricitabine, TAF tenofovir alafenamide, TDF tenofovir-DF

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