Resource: ART Drug-Drug Interactions

April 2023

Table 37: Hormonal Contraceptives (also see drug package inserts) → Combined oral contraceptives, including ethinyl estradiol, norethindrone, and levonorgestrel		
 NRTIs Dolutegravir (DTG) Bictegravir (BIC) Cabotegravir (CAB) Raltegravir (RAL) Doravirine (DOR) 	No significant drug interactions reported.	No dose adjustments are necessary.
Elvitegravir (EVG), boosted	Drospirenone: Concomitant use may cause hyperkalemia.	 Ethinyl estradiol, norgestimate and metabolites; norethindrone: Weigh risks and benefits; consider alternative contraceptive methods. Drospirenone: Monitor for hyperkalemia; consider alternative contraceptive methods or alternative ARV. Etonogestrel: No data available; consider alternative or additional contraceptive method or alternative ARV.
All PIs	Combination has not been studied.	Etonogestrel: No data available. Consider alternative or additional contraceptive methods or alternative ARV.
Atazanavir (ATV), unboosted	Complex drug interaction potential has been described.	 Ethinyl estradiol: Do not exceed 30 mcg (no data available on doses lower than 25 mcg). Norethindrone: Do not exceed 30 mcg (no data available on oral contraceptives with <25 mcg of ethinyl estradiol or progestins other than norethindrone or norgestimate).
Atazanavir (ATV), boosted	 Complex drug interaction potential has been described. Drospirenone: Concomitant use may cause hyperkalemia. 	 Ethinyl estradiol; norgestimate and metabolites: Dose with at least 35 mcg (no data available on other progestins). Drospirenone: Do not coadminister.
Darunavir (DRV)/ritonavir (RTV)	Combination appears to decrease oral norethindrone concentrations.	Norethindrone: Consider alternative or additional contraceptive methods or alternative ARV.
Darunavir (DRV)/cobicistat (COBI)	Combination has not been studied, but since COBI does not induce glucuronidation, it is expected to increase norethindrone concentrations.	Norethindrone: Consider alternative or additional contraceptive methods or alternative ARV.
Other boosted PIs	Drospirenone: Use with other boosted PIs may cause hyperkalemia.	 Ethinyl estradiol: Consider alternative or additional contraceptive methods or alternative ARV. Drospirenone: Monitor for hyperkalemia; consider alternative contraceptive or alternative ARV.



→ Combined oral contraceptives, including ethinyl estradiol, norethindrone, and levonorgestrel		
Class or Drug	Mechanism of Action	Clinical Comments
Efavirenz (EFV)	 Levonorgestrel/norgestimate, levonorgestrel: EFV may induce CYP3A, the enzyme that is primarily responsible for metabolism of levonorgestrel. EFV decreases concentrations of combined progestins. 	 Levonorgestrel/norgestimate, levonorgestrel: Levonorgestre or norgestimate effectiveness may be decreased. Ethinyl estradiol; norgestimate and metabolites: Use alternative or additional contraceptive methods; unintended pregnancies have been reported in individuals using levonorgestrel implants. Norethindrone, drospirenone, etonogestrel: Consider alternative or additional contraceptive methods or alternative ARV. Ulipristal: Monitor closely for reduced efficacy.
Etravirine (ETR)	Information is based on what is known with EFV drug interactions.	 Etonogestrel: No data available; consider alternative or additional contraceptive methods or alternative ARV. Ulipristal: Monitor closely for reduced efficacy.
Fostemsavir (FTR)	 Ethinyl estradiol: Increased ethinyl estradiol levels are expected. Norethindrone: No interactions are expected. 	Ethinyl estradiol: Daily dose should not exceed 30 mcg. Caution advised, particularly in patients with additional risk factors for thromboembolic events.