

Table 33: Sleep Medications (also see prescribing information)

→ Non-benzodiazepine “Z-drugs,” melatonin, ramelteon, suvorexant

Class or Drug	Mechanism of Action	Clinical Comments
- NRTIs - Dolutegravir (DTG) - Bictegravir (BIC) - Cabotegravir (CAB) - Raltegravir (RAL) - Rilpivirine (RPV) - Doravirine (DOR) - Fostemsavir (FTR)	No significant interactions reported.	No dose adjustments are necessary.
Elvitegravir (EVG), boosted	- Suvorexant is a CYP3A substrate. - COBI inhibits CYP3A. Zolpidem, eszopiclone: These drugs are CYP3A substrates and may be increased by strong inhibitors of this enzyme.	Suvorexant: Avoid concomitant use or use lowest effective dose (may increase somnolence, dizziness, and risk of sleep hangover). Zolpidem: Administer lowest possible dose of zolpidem; monitor for adverse effects. Eszopiclone: Start with 1 mg of eszopiclone at bedtime and titrate slowly to achieve clinical effect.
Boosted PIs	Zolpidem, suvorexant: Boosted PIs may increase zolpidem and suvorexant concentrations. Ramelteon: RTV-boosted PIs may reduce ramelteon efficacy.	Zolpidem: Administer lowest effective dose; monitor for adverse effects, including excess sedation. Eszopiclone: Start with 1 mg per day and titrate slowly to achieve clinical effect; monitor for adverse effects, including excess sedation. Suvorexant: Coadministration is not recommended (may increase somnolence, dizziness, and risk of sleep hangover); use alternative sleep medication or ARV. Ramelteon: Monitor for efficacy in cigarette smokers.
- Efavirenz (EFV) - Etravirine (ETR)	Zolpidem: EFV and ETR may reduce zolpidem concentrations.	Zolpidem, eszopiclone: Monitor for efficacy; no dose adjustments are recommended. Suvorexant: Monitor for efficacy; do not exceed 20 mg per day.
Abbreviations: ARV, antiretroviral; NRTI, nucleoside reverse transcriptase inhibitor; PI, protease inhibitor; RTV, ritonavir.		