

Table 38: Hormonal Contraceptives (also see prescribing information)

→ Combined oral contraceptives, including ethinyl estradiol, norethindrone, and levonorgestrel

Class or Drug	Mechanism of Action	Clinical Comments
• 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.

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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: Levonorgestrel 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 is advised, particularly in patients with additional risk factors for thromboembolic events.
Abbreviations: ARV, antiretroviral; NRTI, nucleoside reverse transcriptase inhibitor; PI, protease inhibitor.		