Table 5: Bictegravir (BIC) Interactions (also see prescribing information)		
Class or Drug	**Mechanism of Action**	**Clinical Comments**
Antacids	BIC chelates with cations, forming insoluble compounds that inactivate both drugs.	• **Aluminum/magnesium-containing antacids:** Administer antacids at least 6 hours before or 2 hours after BIC. • **Calcium-containing antacids:** – Administer BIC and antacids together with food. – Do not coadminister BIC simultaneously with antacids on empty stomach.
Other polyvalent cations	BIC can chelate with cations, reducing absorption of both drugs.	**Calcium- or iron-containing supplements:** • If taken with food, BIC can be taken at same time. • If not taken with food, these supplements should be administered as with antacids.
Dofetilide [Feng and Varma 2016]	BIC inhibits renal OCT2 and MATE1, and these transporters eliminate dofetilide.	Avoid concomitant use (may cause QT prolongation or torsades de pointes).
Metformin [Custodio, et al. 2017]	BIC inhibits renal OCT2 and MATE1, which are involved in metformin elimination.	• Drug interaction studies suggest that prospective dose adjustment of metformin is not required when using BIC. • Administer at lowest dose possible to achieve glycemic control; monitor for adverse effects.
Atenolol	Atenolol is eliminated via OCT2 and MATE1, which are inhibited by BIC. Coadministration may increase atenolol levels.	• Start at lower atenolol dose and titrate slowly to achieve clinical effect. • If patient is already using atenolol but starting BIC, monitor for atenolol-related adverse effects. • Reduce atenolol dose if necessary or switch to another ARV.
Cyclosporine	Cyclosporine may increase BIC concentrations to modest degree via P-gP inhibition.	Monitor for BIC-related adverse effects.
Rifabutin, rifampin, rifapentine	• **Rifabutin:** CYP3A and P-gP induction decrease BIC levels. • **Rifampin, rifapentine:** CYP3A induction reduces bioavailability.	• **Rifampin:** Concomitant use is contraindicated [a]. • **Rifabutin, rifapentine:** Concomitant use is not recommended [FDA(a) 2025].
COVID-19 therapeutics	• **Molnupiravir and monoclonal antibodies** do not affect CYP450, P-gP, or other drug metabolism transporters. • **Nirmatrelvir/RTV:** Inhibition of CYP3A4, P-gP, and other transporters may increase plasma concentrations of other medications.	• **Molnupiravir, monoclonal antibodies:** Drug interactions are unlikely. • **Nirmatrelvir/RTV:** Drug interactions are unlikely; BIC levels may increase.
Abbreviations: 3TC, lamivudine; ARV, antiretroviral; AUC, area under the curve; CYP, cytochrome P450; DTG, dolutegravir; FTC, emtricitabine; INSTI, integrase strand transfer inhibitor; MATE, multidrug and toxin extrusion; OCT, organic cation transporter; P-gP, P-glycoprotein; RTV, ritonavir; TAF, tenofovir alafenamide; TB, tuberculosis; TDF, tenofovir; TDM, therapeutic drug monitoring.		

Table 5: Bictegravir (BIC) Interactions (also see prescribing information)		
Class or Drug	**Mechanism of Action**	**Clinical Comments**
Note: a. The INSIGHT study evaluated BIC/TAF/FTC given twice daily with rifampin for managing TB and showed viral suppression rates similar to DTG given twice daily with TDF/3TC, with trough BIC C_{min} and AUC significantly reduced. Biktarvy is contraindicated for coadministration with rifampin, also known as rifampicin, by the U.S. Food and Drug Administration. The use of Biktarvy in individuals with HIV/TB coinfection is investigational, and the safety and efficacy of this use have not been established. Other twice-daily INSTI alternatives are available for managing TB [Naidoo, et al. 2024]. **No significant interactions/no dose adjustments necessary** (see guideline section Drug-Drug Interactions by Common Medication Class)**:** Common oral antibiotics; anticoagulants; antiplatelet medications; statins; acid-reducing agents; asthma and allergy medications; long-acting beta agonists; inhaled and injected corticosteroids; antidepressants; benzodiazepines; sleep medications; antipsychotics; nonopioid pain medications; opioid analgesics and tramadol; hormonal contraceptives; erectile and sexual dysfunction agents; alpha-adrenergic antagonists for benign prostatic hyperplasia; tobacco and smoking cessation products; alcohol, disulfiram, and acamprosate; methadone, buprenorphine, naloxone, and naltrexone; mpox treatments; gender-affirming hormones; ADHD medications and lithium.		

References

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