



## Resource: ART Drug-Drug Interactions

April 2023

Table 35: Nonopioid Pain Medications (also see drug package inserts)		
→ Triptans, tricyclic antidepressants (TCAs), pregabalin, nonsteroidal anti-inflammatory drugs (NSAIDs) [a], acetaminophen		
Class or Drug	Mechanism of Action	Clinical Comments
<ul style="list-style-type: none"> <li>• NRTIs</li> <li>• Dolutegravir (DTG)</li> <li>• Bictegravir (BIC)</li> <li>• Cabotegravir (CAB)</li> <li>• Raltegravir (RAL)</li> <li>• Rilpivirine (RPV)</li> <li>• Efavirenz (EFV)</li> <li>• Etravirine (ETR)</li> <li>• Doravirine (DOR)</li> <li>• Fostemsavir (FTR)</li> </ul>	No significant interactions are expected.	No dose adjustments are necessary.
Elvitegravir (EVG), boosted	<ul style="list-style-type: none"> <li>• <b>Eletriptan:</b> Eletriptan is a CYP3A substrate and concentrations may be increased if given with strong inhibitors of this enzyme.</li> <li>• <b>Other nonopioid pain medications:</b> No significant interactions are expected.</li> </ul>	<b>Eletriptan:</b> Do not coadminister; use alternative triptan medication.
Boosted PIs	<ul style="list-style-type: none"> <li>• <b>Eletriptan:</b> Metabolism inhibited by boosted PIs.</li> <li>• <b>TCAs:</b> PIs and TCAs can both cause QT prolongation.</li> <li>• <b>Pregabalin:</b> No significant interactions are expected.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eletriptan:</b> Do not coadminister; use alternative triptan medication.</li> <li>• <b>TCAs:</b> With concomitant use of high-dose TCAs and PIs, consider monitoring for QT prolongation and other cardiac adverse effects or consider alternative medications.</li> </ul>
<p><b>Abbreviations:</b> NRTI, nucleoside reverse transcriptase inhibitor; PI, protease inhibitor; PrEP, pre-exposure prophylaxis; TDF, tenofovir disoproxil fumarate.</p> <p><b>Note:</b></p> <p>a. Although TDF and NSAIDs (such as ibuprofen, meloxicam, or naproxen) are not absolutely contraindicated, NSAIDs may increase the risk of impaired renal function in patients taking high doses of these drugs, particularly in patients who are predisposed to renal dysfunction. Clinicians are advised to ask patients about their use of over-the-counter or prescribed NSAIDs and to counsel patients to limit NSAID use to the lowest effective dose. Clinicians should also ask patients who are taking TDF as part of a PrEP regimen about their use of NSAIDs.</p>		