## Resource: ART Drug-Drug Interactions

August 2024

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