**All Interactions with Elvitegravir/cobicistat (Stribild)**

| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Alfuzosin[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Uroxatral) | - | - | - | - | Potentially increased alfuzosin effects (e.g. hypotension) | - | Do not coadminister |
| Amiodarone[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699) | - | - | Not studied; may increase amiodarone levels | - | Possible increased amiodarone effects (eg, hypotension, bradycardia, cardiac arrhythmias) | Inhibition of CYP3A4 by cobicistat | Use with caution; monitor amiodarone adverse effects. Consider obtaining ECG and monitoring amiodarone levels. |
| Amitriptyline  (Elavil) | - | - | Not studied; Increased levels of amitriptyline expected | - | Possible increased risk of amitriptyline adverse effects | - | Initiate amitriptyline low dose and titrate according to response, adverse effects, and/or drug levels |
| Antacids[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Maalox, Mylanta, Riopan, Milk of Magnesia, others) | 20 mL given 2 hours after elvitegravir | 50 mg elvitegravir with 100 mg ritonavir x 1 | - | Elvitegravir AUC: decreased 20%; Cmin: decreased 20% | - | - | Separate elvitegravir from antacids by at least 2 hours |
| Antacids[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Maalox, Mylanta, Riopan, Milk of Magnesia, others) | 20 mL x 1 4 hours before elvitegravir | 150 mg elvitegravir with 100 mg ritonavir x 1 | - | No significant change | - | - | No dose adjustment necessary |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Antacids[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Maalox, Mylanta, Riopan, Milk of Magnesia, others) | 20 mL x 1 given 2 hours before elvitegravir | 50 mg elvitegravir with 100 mg ritonavir x 1 | - | No significant change | - | - | No dose adjustment necessary |
| Antacids[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Maalox, Mylanta, Riopan, Milk of Magnesia, others) | 20 mL x 1 given 4 hours after elvitegravir | 50 mg elvitegravir with 100 mg ritonavir x 1 | - | No significant change | - | - | No dose adjustment necessary |
| Apixaban[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699) | - | - | Not studied; may increase levels of apixaban. | - | Potential for increased risk of bleeding | Inhibition of apixaban metabolism via CYP3A4. | Consider alternative anticoagulant |
| Atazanavir[651](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#651),[645](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#645),[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639)  (ATV)(Reyataz) | 300 mg QD | Elvitegravir 85 mg QD with COBI 150 mg QD | Atazanavir Cmax: decreased 24%; Cmin: decreased 20% | Elvitegravir AUC: increased 17%; Cmax: decreased 16%; Cmin: increased 83% | Potentially decreased or increased elvitegravir, cobicistat and/or atazanavir effects | - | Do not coadminister |
| Atorvastatin[717](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#717) | - | - | Not studied; expected increase in atorvastatin levels | - | Possible increased atorvastatin effects | - | Initiate with low dose and titrate slowly; monitor for adverse effects |
| Avanafil[727](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#727)  (Stendra) | - | - | Not studied; may increase avanafil levels | No effect expected | - | - | Avoid coadministration |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Bepridil | - | - | Not studied; may increase bepridil concentrations | - | Possible increased bepridil effects (hypotension, cardiac arrhythmias) | - | Use with caution and monitor for adverse effects. Consider therapeutic drug monitoring. |
| Boceprevir[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Victrelis) | - | 150/150 mg | Not studied | - | - | - | Do not coadminister |
| Bosentan[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699) | - | - | Not studied; Possible increased bosentan levels | - | - | - | If patient has been on elvitegravir/cobicistat for more than 10 days, start with bosentan dose of 62.5 mg daily or every other day. If patient is currently on bosentan and requires use of elvitegravir/cobicistat, stop bosentan for at least 36 hours prior to initiating ART. Wait 10 days and then resume bosentan starting with 62.5 mg daily or every other day. |
| Buprenorphine[727](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#727)  (Suboxone)(Buprenex) | - | - | Norbuprenorphine AUC increased 105% with atazanavir/ritonavir and 46% with darunavir/ritonavir. Norbuprenorphine AUC decreased 15% with fosamprenavir/ritonavir and decreased 80% with tipranavir/ritonavir. | Tipranavir/ritonavir Cmin decreased 19-40% if coadministered with buprenorphine | Possible increased or decreased buprenoprhine effects. Possible loss of antiviral efficacy with tipranavir/ritonavir. | - | Monitor for sedation when combining with atazanavir/ritonavir and dose adjust as necessary. Monitor viral load and consider monitoring tipranavir level if co-administering with elvitegravir/tipranavir/ritonavir. |
| Buprenorphine[625](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#625)  (Suboxone)(Buprenex) | 16-24 mg with 4-6 mg naloxone | - | Buprenorphine AUC; increased 35%; Cmin: increased 66%; Norbuprenorphine AUC: increased 42%; Cmax: increased 24%; Cmin: increased 57% Naloxone: no significant change | No significant change | - | - | No dose adjustment necessary |
| Bupropion[705](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#705)  (Zyban)(Wellbutrin) | - | - | Not studied; potential decrease in bupropion levels | - | Potential decreased bupropion effectiveness | - | Monitor bupropion response and adverse effects, titrate dose. |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Buspirone[707](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#707)  (Buspar) | - | - | Not studied; possible increased buspirone levels | - | Potential increased risk of buspirone adverse effects | - | Start with low dose buspirone and titrate accordingly. Monitor for side effects. |
| Carbamazepine[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (others)(Tegretol) | - | - | Not studied; Possible increased carbamazepine levels | Potential decreased elvitegravir and cobicistat concentrations | Potentially decreased elvitegravir/cobicistat effects | - | Consider alternative anticonvulsant |
| Carbamazepine[707](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#707)  (others)(Tegretol) | - | - | Not studied; possible increased levels of carbamazepine | Potential decreased levels of elvitegravir and cobicistat | Potential loss of antiretroviral efficacy | - | Consider alternative anticonvulsant |
| Cisapride[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Propulsid) | - | - | - | - | Potentially increased cisapride effects (e.g. cardiac arrhythmias) | - | Do not coadminister |
| Citalopram[705](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#705)  (Celexa) | - | - | Not studied; may increase citalopram levels | - | Possible increased SSRI adverse effects | - | Initiate therapy with lowest citalopram dose. Monitor citalopram response and titrate dose according to efficacy and adverse effects. |
| Clarithromycin[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639),[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Biaxin) | - | - | Potentially increased effects | Potentially increased effects | - | - | No dose adjustment necessary if patients CrCl > 60 mL/min. Reduce clarithromycin dose by 50% if CrCl is between 50-60 mL/min. Do not coadminster if CrCl < 50 mL/min.  *Alternative Agents*:  **Azithromycin** |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Clonazepam[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (others)(Klonapin) | - | - | - | - | Potentially increased clonazepam effects | - | More frequent clinical monitoring is recommended |
| Cyclosporine[721](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#721)  (Neoral, Sandimmune) | - | - | Not studied; may increase cyclosporine levels | - | Possible increased cyclosporine toxicity | Inhibition of CYP450 3A4 by cobicistat | Initiate lower dose of immunosuppressant; monitor concentrations and toxicity, consult with specialist, and adjust dose as necessary |
| Dabigatran[701](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#701)  (Pradaxa) | - | - | Not studied; may increase dabigatran levels | - | Potential for increased risk of bleeding | Inhibition of dabigatran metabolism via CYP3A4 | No dose adjustment if CrCL > 50 ml/min. Avoid concomitant use if CrCl < 50ml/min. |
| Darunavir[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639),[633](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#633)  (DRV)(Prezista) | 600 mg BID | Elvitegravir 150 mg QD with COBI 150 mg BID | No significant change | No significant change (compared to historical controls) | Potentially decreased or increased elvitegravir, cobicistat and/or darunavir effects | - | Do not coadminister |
| Darunavir[643](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#643),[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639)  (DRV)(Prezista) | 600 mg BID with RTV 100 mg BID | 125 mg QD | Darunavir Cmin: decreased 17% | Elvitegravir Cmin: increased 18% | Potentially decreased or increased elvitegravir, cobicistat and/or darunavir effects | - | Do not coadminister |
| Darunavir[643](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#643),[633](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#633)  (DRV)(Prezista) | 800 mg QD | Elvitegravir 150 mg QD with COBI 150 mg QD | Darunavir AUC: no significant change; Cmin: decreased 21% | Elvitegravir AUC: decreased 20%; Cmin: decreased 52% Cobicistat AUC: decreased 15-20% | Potentially decreased or increased elvitegravir, cobicistat and/or darunavir effects | - | Do not coadminister |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Dasabuvir, Ombitasvir/Paritaprevir/Ritonavir[727](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#727)  (Viekira) | - | - | - | - | Increase AUC of HCV agents | Duplicate boosting effect via CYP3A4 inhibition | Do not coadminister |
| Desipramine[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Norpramin) | 50 mg | 150 mg cobicistat | Desipramine AUC: increased 65% | - | Increased desipramine effects | - | Initiate low dose desipramine and titrate dose according to efficacy and adverse effects. |
| Dexamethasone[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699)  (Decadron) | - | - | - | Not studied; may decrease levels of elvitegravir and cobicistat | Possible loss of antiviral efficacy | - | Use with caution; monitor viral load if extended dexamethasone use. |
| Digoxin[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (others)(Lanoxin) | 0.5 mg | 150 mg cobicistat | No significant change | - | - | - | No dose adjustment necessary; use with caution and monitor concentrations |
| Disopyramide[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699)  (Norpace, Norpace CR) | - | - | Not studied; may increase disopyramide levels | - | Potential increased risk of disopyramide adverse effects | - | Use with caution; monitor for disopyramide toxicity |
| Dronedarone[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699)  (Multaq) | - | - | Not studied; may increase dronedarone levels | - | Possible increased risk of dronedarone adverse effects | - | Use with caution; monitor for dronedarone toxicity |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Efavirenz[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639)  (EFV)(Sustiva) | - | - | - | - | Potentially decreased or increased elvitegravir, cobicistat and/or efavirenz effects | - | Do not coadminster |
| Elbasvir/grazoprevir[733](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#733),[727](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#727)  (Zepatier) | - | - | - | - | Potentially increased elbasvir/grazoprevir AUC | Expected CYP450 inhibition by cobicistat | Coadministration not recommended. Minimal or no data to guide interaction. |
| Ergotamine[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Cafergot, Ergot derivatives)(Cafergot, others) | - | - | - | - | Potentially increased ergot effects (e.g. ergot toxicity, peripheral vasospasm, ischemia) | - | Do not coadminister |
| Escitalopram[705](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#705)  (Lexapro) | - | - | Not studied; potential increased SSRI levels | - | Possible increase in SSRI adverse effects | - | Initiate escitalopram therapy with lowest dose. Monitor escitalopram response and titrate according to efficacy and adverse effects |
| Ethinyl estradiol/norgestimate[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (others)(Ortho Tri-Cyclen, Ortho Tri-Cyclen) | 0.18/0.215/0.250 mcg norgestimate | 150/150 mg | Norgestimate AUC: increased 126%; Cmin: increased 167%; Ethinyl estradiol AUC: decreased 25%; Cmin: decreased 44% | - | Increased norgestimate effects; decreased ethinyl estradiol effects | - | Use with caution; alternate form of contraception recommended |
| Ethosuximide | - | - | Not studied; possible increased levels of ethosuximide | - | - | - | Monitor for psychiatric side effects of ethosuximide |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Etravirine[647](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#647),[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639)  (ETR)(Intelence) | 200 mg BID with ritonavir 100 mg QD | Elvitegravir 150 mg QD | No significant change | No significant change | Potentially decreased or increased elvitegravir, cobicistat and/or etravirine effects | - | Do not coadminister |
| Everolimus[727](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#727)  (Zortress, Afintor) | - | - | Not studied; may increase everolimus levels | No effect expected | Increased everolimus effects (e.g. excessive immunosuppression) | Inhibition of CYP450 3A4 by cobicistat | Monitor sirolimus levels and adjust dose as indicated |
| Famotidine[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Pepcid) | 40 mg given 12 hours after elvitegravir | 150/150 mg | - | Elvitegravir Cmin: increased 18% | - | - | No dose adjustment necessary |
| Famotidine[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Pepcid) | 40 mg given simultaneously with elvitegravir | 150/150 mg | - | No significant change | - | - | No dose adjustment necessary |
| Flecainide[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699)  (Tambocor) | - | - | Not studied; may increase flecainide levels. | - | Possible increased risk of flecainide adverse effects (eg, cardiac arrhythmias) | - | Use with caution. Monitor for toxicity. Consider therapeutic drug monitoring |
| Fluoxetine[705](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#705)  (Prozac) | - | - | Not studied; potential for increased fluoxetine levels | - | Possible increased risk of fluoxetine adverse effects | - | Start with lowest fluoxetine dose. Monitor response and titrate dose according to efficacy and adverse effects |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Fluticasone[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699)  (Advair, Flonase, Aerobid) | - | - | Not studied; possible increased fluticasone levels | - | Possible increased fluticasone effects (eg, Cushing's syndrome, adrenal suppression) | - | Consider using alternative corticosteroid such as beclomethasone  *Alternative Agents*:  **Beclomethasone** |
| Fluvoxamine[705](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#705) | - | - | - | Not studied; possible increase or decreased levels of elvitegravir | Potential decreased elvitegravir effects | - | Consider alternative antidepressant |
| Fosamprenavir[653](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#653),[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639)  (FPV)(Lexiva) | 700 mg BID with ritonavir 100 mg BID | Elvitegravir 125 mg QD | No significant change | No significant change | Potentially decreased or increased elvitegravir, cobicistat and/or fosamprenavir effects | - | Do not coadminister |
| Itraconazole[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Sporanox)(Sporanox) | - | - | Potentially increased effects | Potentially increased effects | - | - | Avoid itraconazole > 200 mg daily and monitor itraconazole concentrations with coadministration. |
| Ketoconazole[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Nizoral) | 200 mg BID | 150 mg elvitegravir with 100 mg ritonavir | - | Elvitegravir AUC: increased 48%; Cmin: increased 67% | Increased elvitegravir and ketoconazole effects | - | Avoid if possible, avoid ketoconazole > 200 mg daily |
| Ledipasvir/sofosbuvir[713](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#713) | - | - | Increased ledipasvir levels expected | Increased tenofovir levels expected | Potential increased tenofovir and ledipasvir adverse effects | Potentiation of effect occurs in ritonavir or cobicistat boosted regimens | Do not coadminister |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Lidocaine[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699)  (Xylocaine) | - | - | Not studied; may increase lidocaine levels | - | - | - | Use with caution. Monitor adverse effects and consider therapeutic drug monitoring. |
| Lopinavir/ritonavir[649](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#649),[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639)  (LPV/r)(Kaletra) | 400/100 mg BID | Elvitegravir 125 mg QD | No significant change | Elvitegravir AUC; increased 75%; Cmax: increased 52%; Cmin: increased 139% | Potentially decreased or increased elvitegravir, cobicistat and/or lopinavir effects | - | Do not coadminister |
| Lovastatin[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Mevacor) | - | - | - | - | Potentially increased lovastatin effects (e.g. myopathy, rhabdomyolysis) | - | Do not coadminister  *Alternative Agents*:  **Atorvastatin Pravastatin** |
| Methadone[625](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#625)  (Dolophine)(Dolophine) | 80-120 mg | 150 mg/150 mg | No significant change | No significant change | - | - | No dose adjustment necessary |
| Methylprednisolone[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699)  (Solu-medrol, Depo-medrol) | - | - | Not studied; may increase levels of methyprednisolone | - | Possible increased risk of adrenal insufficiency and Cushing's syndrome | - | Do not co-administer |
| Metoprolol[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (others)(Lopressor) | - | - | - | - | Potentially increased metoprolol effects | - | Use with caution; titrate to effect |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Metoprolol[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (others)(Lopressor) | - | - | - | - | Potentially increased metoprolol effects | - | Initiate beta-blocker at low dose, titrate to effect while monitoring for potentially increased side effects |
| Mexiletine | - | - | Not studied; may increase levels of mexiletine | - | - | Potential increased risk of mexiletine adverse effects | Use with caution; monitor for mexiletine toxicity |
| Midazolam[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Versed) | - | - | - | - | Potentially increased midazolam effects (e.g. prolonged sedation, altered mental status, respiratory depression) | - | Parenteral midazolam can be used with caution when given as a single dose in a monitored situation for procedural sedation; chronic midazolam administration (oral or intravenous) should be avoided. |
| Nevirapine[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639)  (NVP)(Viramune) | - | - | - | - | Potentially decreased or increased elvitegravir, cobicistat and/or nevirapine effects | - | Do not coadminister |
| Norgestimate/ethinyl estradiol[715](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#715) | 0.180/0.215/ 0.250 norgestimate once daily with 0.025 ethinyl estradiol once daily | 150/150 mg | Norgestimate AUC increased 2.6-fold. Ethinyl estradiol AUC decreased 25% and Cmin decreased 44% | - | Potential increased risk of progestin adverse effects (insulin resistance, dyslipidemias, acne, venous thromboembolism) | - | Weigh risks and benefits of coadministration and consider alternative contraceptive method. |
| Omeprazole[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Prilosec)(Prilosec) | 20 mg given 12 hours after elvitegravir | 150/150 mg | - | No significant change | - | - | No dose adjustment necessary |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Omeprazole[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Prilosec)(Prilosec) | 20 mg given 2 hours before elvitegravir | 150 mg/150 mg | - | No significant change | - | - | No dose adjustment necessary |
| Omeprazole[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Prilosec)(Prilosec) | 40 mg given 2 hours before elvitegravir | 50 mg elvitegravir with 100 mg ritonavir | - | No significant change | - | - | No dose adjustment necessary |
| Oxcarbazepine[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Oxtellar, Trileptal) | - | - | - | Not studied; Potentially decreased elvitegravir and cobicistat levels | Potential loss of antiretroviral efficacy | - | Consider alternative anticonvulsants |
| Paroxetine[705](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#705)  (Paxil) | - | - | Not studied; may increase paroxetine levels | - | Possible increased risk of paroxetine adverse effects | - | Initiate paroxetine at lowest dose. Monitor response and titrate dose according to efficacy and adverse effects |
| Phenobarbital[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Luminal, others)(Luminal) | - | - | - | Not studied; Potentially decreased elvitegravir cobicistat levels | Potential loss of antiretroviral efficacy | - | Consider alternative anticonvulsants |
| Phenytoin  (Dilantin)(Dilantin) | - | - | - | Not studied; Potentially decreased elvitegravir and cobicistat levels | Potential loss of antiretroviral efficacy | - | Consider alternative anticonvulsants |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Pimozide[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Orap)(Orap) | - | - | - | - | Potentially increased pimozide effects (e.g. cardiac arrhythmias) | - | Do not coadminster |
| Posaconazole[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Noxafil) | - | - | Potentially increased effects | Potentially increased effects | - | - | Monitor posaconazole concentrations with coadministration |
| Prednisolone  (others) | - | - | Not studied; may increase prednisolone levels | - | Possibly increased prednisolone effects (adrenal insufficiency, Cushing’s syndrome). | - | Do not coadminister |
| Propafenone  (Rythmol) | - | - | Not studied; may increase propafenone levels | - | Increased propafenone effects (eg, cardiac arrhythmias) | - | Use with caution. Monitor for toxicity. |
| Quetiapine[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699)  (Seroquel) | - | - | Not studied; potential increased quetiapine AUC | - | Possible increased risk of quetiapine adverse effects | - | For patients currently on elvitegravir/cobicistat: initiate quetiapine at lowest possible dose. Titrate accordingly and monitor for adverse effects. If patient already on quetiapine and requiring new elvitegravir/cobicistat: reduce queitapine to 1/6 of original dose. Titrate and monitor efficacy and adverse effects |
| Quinidine[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699)  (others)(Quindex) | - | - | Not studied; may increase quinidine levels | - | Possible increased quinidine effects (e.g. cardiac arrhythmias) | Inhibition of CYP450 3A4 by cobicistat | Use with caution. Monitor for toxicity. |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Rifabutin[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639),[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Mycobutin)(Mycobutin) | 150 mg every other day | 150 mg/150 mg | 25-O-rifabutin AUC: increased 625%; Cmin: increased 494% (compared to 300 mg rifabutin alone) | Elvitegravir AUC: decreased 21%; Cmin: decreased 67% | Increased rifabutin effects | - | Do not coadminister; consider alternative antiretrovirals. |
| Rifampin[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639),[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Rifampicin)(Rifadin) | - | - | - | Expected decrease in elvitegravir and cobicistat levels | Potential loss of antiretroviral efficacy | Induction of CYP450 by rifampin | Do not coadminister; consider alternative antiretrovirals |
| Rifapentine  (Priftin) | - | - | - | Expected significant decrease in elvitegravir and cobicistat levels | Potential loss of antiretroviral efficacy | - | Do not coadminister |
| Rivaroxaban[703](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#703)  (Xarelto) | - | - | Not studied; may increase rivaroxaban levels | - | Potential for increased risk of bleeding | Inhibition of rivaroxaban metabolism via CYP3A4 | Avoid concomitant use; consider alternative anticoagulant |
| Rosuvastatin[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639)  (Crestor) | 10 mg x 1 | Elvitegravir 150 mg QD with COBI 150 mg QD | Rosuvastatin AUC: increased 38%; Cmax: increased 89% | No significant change | Potentially increased rosuvastatin effects | - | Initiate rosuvastatin at lowest dose and titrate carefully. Monitor for adverse effects. |
| Sertraline[705](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#705)  (Zoloft) | - | - | Not studied; may increase sertraline levels | - | Possible increased risk of sertraline adverse effects | - | Initiate sertraline at lowest dose. Monitor response and titrate according to efficacy and adverse effects |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Sildenafil[727](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#727),[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Viagra) | - | - | Not studied; may increase sildenafil levels | No effect expected | Potentially increased sildenafil effects (eg, hypotension, priapism) | - | For erectile dysfunction, initiate sildenafil 25 mg every 48 hours and monitor for adverse effects. Manufacturer recommends not to exceed dose of 25 mg every 48 hours. Do not coadminister if using sildenafil for pulmonary arterial hypertension. |
| Simeprevir[679](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#679)  (Olysio) | - | - | Not studied; possible increased simeprevir levels | - | Potential increased simeprevir toxicity | Inhibition of CYP450 3A4 by cobicistat | Avoid coadministration |
| Simvastatin[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Zocor)(Zocor) | - | - | - | - | Potentially increased simvastatin effects (e.g. myopathy, rhabdomyolysis) | - | Do not coadminister |
| Sirolimus[727](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#727)  (Rapamycin)(Rapamune) | - | - | Not studied; may increase sirolimus levels | No effect expected | Increased sirolimus effects (eg, excessive immunosuppression) | Inhibition of CYP450 3A4 by cobicistat | Monitor and adjust sirolimus dose as indicated |
| Sofosbuvir/velpatasvir[751](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#751)  (Epclusa) | 400 mg /100 mg | 150 mg/150 mg | Sofosbuvir Cmin increased 23%; AUC increased 24-37%. Velpatasvir Cmin increased 30%; AUC increased 19-50%; Cmax increased 37-60%. | Elvitegravir Cmax decreased 13% (when coadministered with FTC and TDF); AUC decreased 7% (when coadministered with FTC and TAF) | - | - | No dose adjustment necessary |
| St. John's Wort[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Hypericum perforatum) | - | - | - | - | Potentially decreased elvitegravir and cobicistat effects | Induction of CYP450 3A4 by St. John's Wort | Do not coadminister |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Tacrolimus[727](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#727)  (Prograf) | - | - | Not studied; may increase tacrolimus levels | No effect expected | Increased tacrolimus effects (increased immunosuppression) | Inhibition of CYP450 3A4 by cobicistat | Monitor and adjust tacrolimus as indicated |
| Tadalafil[729](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#729),[727](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#727) | - | - | Not studied; may increase tadalafil levels | No effect expected | Possible increased tadalafil effects (e.g. hypotension, priapism) | - | If initiating tadalafil for pulmonary arterial hypertension in a patient already taking elvitegravir/cobicistat for >1 week: start tadalafil 20 mg once daily and increase to 40 mg as tolerated. If patient with PAH requires initiation of elvitegravir/cobicistat: Stop tadalafil 24 hours prior to starting ART. Wait one week, then initiate tadalafil at 20 mg orally once daily. May increase to 40 mg as tolerated. For erectile dysfunction initiate tadalafil 5 mg dose do not exceed 10 mg in 72 hours. |
| Telaprevir[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Incivek) | - | - | - | - | - | - | Do not coadminister |
| Ticagrelor[705](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#705)  (Brilinta) | - | - | Not studied; may increase effects of ticagrelor | - | Potential for increased risk of bleeding | Inhibition of ticagrelor metabolism via CYP3A4 | Avoid concomitant use; consider alternative antiplatelet agent |
| Tipranavir[655](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#655),[639](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#639)  (TPV)(Aptivus) | 500 mg BID with ritonavir 200 mg BID | Elvitegravir 200 mg QD | No significant change | No significant change | Potentially decreased or increased elvitegravir, cobicistat and/or etravirine effects | - | Do not coadminister |
| Trazodone[699](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#699)  (Desyrel) | - | - | Not studied; may increase trazodone levels | - | Possible increased trazodone adverse effects | - | Initiate trazodone lowest dose. Monitor response and titrate according to efficacy and adverse effects. |
| **Coadministered Drug** | **Dose of Drug** | **Dose of Elvitegravir/cobicistat** | **Effect on Drug Levels** | **Effect on Elvitegravir/cobicistat Levels** | **Potential Clinical Effects** | **Mechanism of Interaction** | **Management** |
| Triamcinolone[707](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#707) | - | - | Not studied; may increase triamcinolone levels | - | Possible increased risk of adrenal insufficiency and Cushing's syndrome | - | Do not coadminister |
| Triazolam[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Halcion)(Halcion) | - | - | - | - | Potentially increased triazolam effects (e.g. prolonged sedation, altered mental status, respiratory depression) | - | Do not coadminister |
| Vardenafil[727](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#727) | - | - | Not studied; may increase vardenafil levels | No effect expected | Possible increased vardenafil effects (e.g. hypotension, priapism) | Inhibition of CYP450 3A4 by cobicistat | Initiate vardenafil 2.5 mg every 72 hours and monitor for adverse effects |
| Vorapaxar[705](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#705)  (Zontivity) | - | - | Not studied; may increase effects of vorapaxar | - | Potential for increased risk of bleeding | Inhibition of vorapaxar metabolism via CYP3A4 | Avoid concomitant use; consider alternative antiplatelet agent |
| Voriconazole[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (VFend)(VFend) | - | - | Not studied; Potentially increased or decreased voriconazole levels | Potentially increased effects | - | - | Monitor voriconazole concentrations with coadministration |
| Warfarin[623](http://arv.ucsf.edu/insite?page=ar-00-02&param=225&post=4#623)  (Coumadin) | - | - | Not studied; may increase or decrease warfarin effects | - | Potential for over or under anticoagulation | - | Monitor INR closely when pt is first initiating elvitegravir/cobicistat |
| "-" indicates that there are no data available | | | | | | | |

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