Table 238.2. Interactions of etravirine with other co-administered drugs.

| Drug | | Interaction |
|---|---|---|
| **Nucleoside and nucleotide reverse transcriptase inhibitors** | | |
| Didanosine (ddI) | etravirine =; ddI = | No significant interaction; etravirine AUC increased 11% |
| Tenofovir (TDF) | etravirine ↓; TDF = | Changes clinically insignificant; etravirine AUC decreased 19%; TDF AUC increased 15% |
| All other NRTIs | etravirine =; NRTI = | No interactions expected (not studied) |
| **Protease inhibitors** | | |
| Atazanavir (ATV) (unboosted) | etravirine ↑↑; ATV ↓ | Co-administration is not recommended owing to low ATV plasma level (down 20%); etravirine AUC increased 50% |
| Atazanavir (DRV) (cobicistat boosted) | etravirine ↓; cobicistat ↓; ATV ↓ | Co-administration is not recommended because cobicistat plasma concentrations and, consequently, atazanavir concentrations are expected to decrease significantly |
| Atazanavir (ritonavir boosted) | etravirine ↑; ATV ↓ | Changes not clinically significant; etravirine AUC increased 30%; ATV level down 14% |
| Cobicistat (used to boost protease inhibitors plasma levels) | cobicistat ↓↓ | Co-administration is not recommended owing to low cobicistat plasma levels |
| Darunavir (DRV) (cobicistat boosted) | etravirine ↓; cobicistat ↓; DRV ↓ | Co-administration is not recommended because cobicistat plasma concentrations and consequently darunavir concentrations are expected to decrease significantly |
| Darunavir (DRV) (ritonavir boosted) | etravirine ↓; DRV = | Changes probably not clinically significant but etravirine AUC decreased 37%, DRV AUC up only 6% |
| Indinavir (IDV) (unboosted) | etravirine ↑↑; IDV ↓↓ | Co-administration is not recommended because IDV AUC decreased 50%; and etravirine AUC increased 50% |
| Lopinavir (LPV) (ritonavir boosted) | etravirine ↑; LPV ↓ | Changes not clinically significant; etravirine AUC increased 17%; LPV AUC decreased 20% |
| Nelfinavir (NFV) | etravirine ↑; NFV ↑ | Interaction expected (not studied) |
| Ritonavir (high dose as sole protease inhibitor) | etravirine ↓↓ | Co-administration is not recommended owing to low etravirine plasma levels |
| Saquinavir (SQV) (unboosted) | etravirine =; SQV ↓↓ | Co-administration is not recommended because SQV AUC decreased 50% |
| Saquinavir (SQV) (ritonavir boosted) | etravirine ↓; SQV = | Changes not clinically significant; SQV AUC decreased 13% |
| Tipranavir (TPV) (ritonavir boosted) | etravirine ↓↓; TPV = | Co-administration is not recommended because etravirine AUC decreased 76%; TPV AUC increased 18% |
| **Nonnucleoside reverse transcriptase inhibitors** | | |
| Efavirenz (efavirenz) | etravirine ↓↓ | Co-administration is not recommended owing to low etravirine plasma levels as well as other reasons |
| Nevirapine (nevirapine) | etravirine ↓↓ | Co-administration is not recommended owing to low etravirine plasma levels as well as other reasons |
| Rilpivirine | etravirine =; rilpivirine ↓ | Co-administration is not recommended owing to low rilpivirine plasma levels as well as other reasons |
| **Fusion inhibitor** | | |
| Enfuvirtide (ENF) | etravirine =; ENF = | No interaction |
| **CCR5 antagonist** | | |
| Maraviroc (without ritonavir-boosted protease inhibitor) | etravirine =; maraviroc ↓↓ | Maraviroc should be given in a higher dose of 600 mg twice daily |
| Maraviroc (in combination with ritonavir-boosted protease inhibitor) | etravirine =; maraviroc ↑ | Maraviroc should be given in a lower dose of 150 mg twice daily |
| **Integrase inhibitors** | | |
| Dolutegravir | etravirine =; dolutegravir ↓ | $C_{max}$, AUC, $C_{trough}$ decreased 52–88% |
| Eltegravir (unboosted) | etravirine =; eltegravir = | No significant interaction |
| Raltegravir | etravirine =; raltegravir ↓ | Changes not clinically significant |
| **Nucleoside and nucleotide analogs for hepatitis B and C** | | |
| Tenofovir | etravirine =; nucleotide analog = | See entries for nucleoside and nucleotide reverse transcriptase inhibitors |
| Adefovir, entecavir, lamivudine, ribavirin, telbivudine | | Interaction unexpected (not studied) |