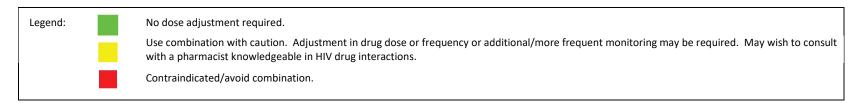
## **MISCELLANEOUS DRUGS:**

## **COLCHICINE AND ERGOT ALKALOIDS**

	INSTIS		NNRTIS		Pls
	<ul> <li>BICTEGRAVIR         (Biktarvy)</li> <li>DOLUTEGRAVIR         (Tivicay, Triumeq,         Juluca)</li> <li>RALTEGRAVIR         (Isentress)</li> </ul>	COBICISTAT (Stribild,	<ul> <li>DORAVIRINE (Pifeltro, Delstrigo)</li> <li>RILPIVIRINE (Edurant, Complera, Odefsey, Juluca)</li> </ul>	Atripla)	Boosted with ritonavir (Norvir) or cobicistat • ATAZANAVIR (Reyataz, Evotaz) • DARUNAVIR (Prezista, Prezcobix, Symtuza) • LOPINAVIR (Kaletra)
COLCHICINE					
• Colchicine (various generics)		Potential for ↑ colchicine  Combination  contraindicated in renal  or hepatic impairment		Potential for ↓ colchicine	Potential for \(^1\) colchicine  Combination  contraindicated in renal or  hepatic impairment
ERGOT ALKALOIDS					
<ul> <li>dihydroergotamine, ergonovine, ergotamine, methylergonovine (Cafergot, Migranal, D.H.E. 45, Ergotrate, Methergine, Migergot, Ergomar)</li> </ul>		Potential for ↑ ergot		Potential for ↓ ergot	Potential for ↑ ergot



## Mechanism of Drug Interactions, Management and Monitoring

	Mechanism of Interaction	Main Interacting ARVs	Management	Monitoring
Colchicine	Inhibition of P-gp, CYP3A4	Ritonavir and cobicistat-	Adjust colchicine dose and monitor for	Colchicine toxicity:
		boosted protease inhibitors	toxicity.	diarrhea, cramping,
		and elvitegravir		nausea, abdominal pain,
			For treatment of gout flares: use colchicine	vomiting, peripheral
			0.6 mg x 1 dose, followed by 0.3 mg 1 hour	leukocytosis.
			later. Do not repeat dose for at least 3 days.	
			For prophylaxis of gout flares: use	Life-threatening
			colchicine 0.3 mg once daily or every other	complications associated
			day.	with overdose include
			For treatment of familial Mediterranean	multi-organ failure,
			fever: Do not exceed colchicine 0.6 mg	respiratory depression,
			once daily or 0.3 mg BID.	and cardiovascular
				collapse
			Combination is contraindicated in patients	
			with renal or hepatic impairment. Life-	
			threatening and fatal colchicine toxicity	
			has been reported in such situations	
	Induction of P-gp, CYP3A4	NNRTIs efavirenz,, etravirine,	Consider switching to non-inducing NNRTI	Colchicine efficacy and
		nevirapine	such as doravirine or rilpivirine if possible.	toxicity
			Do not exceed maximum recommended	
			dose of colchicine:	
			Gout flares: 1.8 mg over 1 hour period	
			Familial Mediterranean fever: 2.4 mg	
			daily	
Ergot alkaloids	Inhibition of CYP3A4	Ritonavir and cobicistat-	Coadministration is contraindicated	Ergot toxicity: arterial
		boosted protease inhibitors		vasoconstriction,
		and elvitegravir		peripheral vascular
				ischemia, gangrene
	Induction of CYP3A4	NNRTIs efavirenz,, etravirine,	Consider switching to non-inducing NNRTI	Ergot efficacy and toxicity
		nevirapine	such as doravirine or rilpivirine if possible.	
		-	Do not exceed maximum recommended	
			dose of ergot alkaloid	



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