## MISCELLANEOUS DRUGS:
### COLCHICINE AND ERGOT ALKALOIDS

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<th>INSTis</th>
<th>NNRTIs</th>
<th>PIs</th>
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| • BICTEGRAVIR (Biktarvy)  
• DOLUTEGRAVIR (Tivicay, Triumeq, Juluca)  
• RALTEGRAVIR (Isentress) | • ELVITEGRAVIR/COBICISTAT (Stribild, Genvoya)  
• DORAVIRINE (Pifeltro, Delstrigo)  
• RILPIVIRINE (Edurant, Complera, Odefsey, Juluca) | • EFAVIRENZ (Sustiva, Atripla)  
• ETRAVIRINE (Intelicence)  
• NEVIRAPINE (Viramune)  
Boosted with ritonavir (Norvir) or cobicistat  
• ATAZANAVIR (Reyataz, Evotaz)  
• DARUNAVIR (Prezista, Prezobix, Symtuza)  
• LOPINAVIR (Kaletra) |

### COLCHICINE

- Colchicine (various generics)
  - Potential for ↑ colchicine
    - Combination contraindicated in renal or hepatic impairment

### ERGOT ALKALOIDS

- dihydroergotamine, ergonovine, ergotamine, methylergonovine (Cafergot, Migranal, D.H.E. 45, Ergotrate, Methergine, Migergot, Ergomar)
  - Potential for ↑ ergot
  - Potential for ↓ ergot
  - Potential for ↑ ergot

### Legend:
- **Green**: No dose adjustment required.
- **Yellow**: Use combination with caution. Adjustment in drug dose or frequency or additional/more frequent monitoring may be required. May wish to consult with a pharmacist knowledgeable in HIV drug interactions.
- **Red**: Contraindicated/avoid combination.
## Mechanism of Drug Interactions, Management and Monitoring

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