

ANTIRETROVIRAL CONTRAINDICATIONS AND DRUG INTERACTIONS (Part 1 of 4)

| Generic & Class | Brand & Company | Contraindications and Drug Interactions† |
|---|---|---|
| CCR5 CO-RECEPTOR ANTAGONISTS | | |
| maraviroc (MVC) | Selzentry (Pfizer) | <ul style="list-style-type: none"> • Concomitant St. John's wort: not recommended. • May affect, or be affected by, CYP3A inhibitors or inducers and drugs affected by p-glycoprotein (eg, potentiated by ketoconazole, lopinavir/ritonavir, ritonavir, saquinavir, atazanavir; antagonized by rifampin, efavirenz). • Caution with antihypertensives. |
| FUSION INHIBITORS | | |
| enfuvirtide (ENF, T-20) | Fuzeon (Roche) | <ul style="list-style-type: none"> • May cause false (+) ELISA test for HIV. |
| HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS | | |
| raltegravir (RAL) | Isentress (Merck) | <ul style="list-style-type: none"> • Antagonized by rifampin, possibly other strong UGT1A1 inducers. May be potentiated by UGT1A1 inhibitors. • Caution with other drugs that can cause myopathy (eg, statins). |
| NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs) | | |
| delavirdine mesylate (DLV) | Rescriptor (Pfizer) | <ul style="list-style-type: none"> • CYP3A substrates that may cause serious events if blood levels are elevated (eg, cisapride, pimozide, alprazolam, midazolam, triazolam, ergots). • Concomitant lovastatin or simvastatin: not recommended. • May increase levels of antiarrhythmics (eg, quinidine), calcium channel blockers (eg, nifedipine), clarithromycin, rifabutin, indinavir, saquinavir (monitor ALT/AST), amprenavir, amphetamines, trazodone, warfarin, sildenafil, atorvastatin, fluvastatin, immunosuppressants, methadone, fluticasone (long-term use); serious or life-threatening adverse reactions may occur with some of these drugs (avoid or adjust dose). • Delavirdine levels may be decreased by phenytoin, phenobarbital, carbamazepine, rifabutin, rifampin, chronic H₂ antagonists or PPIs, dexamethasone, St. John's wort: not recommended; didanosine and vice versa (separate dosing by at least 1 hour). • Delavirdine levels increased by fluoxetine, ketoconazole. • Absorption reduced by antacids (separate dosing by at least 1 hour). • Reduce indinavir dose (consider indinavir 600mg three times daily). |
| efavirenz (EVF) | Sustiva (Bristol Myers-Squibb) | <ul style="list-style-type: none"> • Concomitant cisapride, ergots, midazolam, triazolam, voriconazole. • Avoid alcohol, other psychoactive and/or hepatotoxic drugs. • Antagonized by St. John's wort: not recommended. • Caution with drugs metabolized by, or that affect activity of, CYP2C9, CYP2C19, CYP3A4. • Efavirenz levels decreased by phenobarbital, rifampin, rifabutin. • May decrease levels of indinavir (increase indinavir to 1g every 8 hours), amprenavir, clarithromycin, methadone, rifabutin (increase dose: see literature). • Efavirenz increases nelfinavir, ethinyl estradiol plasma levels. • Levels of both drugs increased with ritonavir (monitor liver function and for adverse events). • Levels of both drugs are decreased with saquinavir (do not use as sole protease inhibitor). • Closely monitor warfarin, anticonvulsants (esp. phenytoin, phenobarbital, carbamazepine), rifabutin, others. • May cause false (+) cannabis screening test (CEDIA DAU multi-level THC assay). |
| etravirine (ETR) | Intelecle (Tibotec) | <ul style="list-style-type: none"> • Concomitant tipranavir/ritonavir, fosamprenavir/ritonavir, atazanavir/ritonavir, PIs without ritonavir (eg, atazanavir, fosamprenavir, nelfinavir, indinavir), ritonavir (600mg twice daily), NNRTIs (eg, efavirenz, nevirapine, delavirdine): not recommended. • Avoid rifampin, rifapentine, St. John's wort, carbamazepine, phenytoin, phenobarbital; rifabutin with darunavir/ritonavir. • May affect, or be affected by, drugs that induce or inhibit, or that are substrates of, CYP3A4, CYP2C9, CYP2C19 (eg, azole antifungals, immunosuppressants); monitor. • Potentiated by lopinavir/ritonavir. • May antagonize antiarrhythmics (eg, amiodarone, bepridil, disopyramide, flecainide, lidocaine, mexiletine, propafenone, quinidine) (monitor), sildenafil. • May potentiate warfarin, diazepam. • May be antagonized by anticonvulsants, dexamethasone. • Clarithromycin (consider azithromycin for treating MAC). • Adjust statin dose (except pravastatin, rosuvastatin). • Rifabutin (adjust dose with etravirine monotherapy). |
| nevirapine (NVP) | Viramune (Boehringer Ingelheim) | <ul style="list-style-type: none"> • Moderate-to-severe hepatic impairment. • Potentiated by fluconazole (monitor). • Antagonizes ketoconazole, oral contraceptives: not recommended (use nonhormonal contraception), clarithromycin (consider alternative). • Antagonized by St. John's wort, rifampin: not recommended. • May antagonize methadone (monitor for withdrawal symptoms; increase methadone dose if needed), or drugs metabolized by CYP3A4 or CYP2B6. • Monitor warfarin, rifabutin, other CYP450 substrates. |
| NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs) | | |
| abacavir sulfate (ABC) | Zigen (GlaxoSmithKline) | <ul style="list-style-type: none"> • See literature regarding fatal hypersensitivity reactions (which may include fever, rash, fatigue, nausea, vomiting, diarrhea, abdominal pain, or respiratory symptoms); discontinue as soon as suspected; do not restart, regardless of HLA-B*5701 status. • Moderate or severe hepatic impairment. • May antagonize methadone. • May be potentiated by ethanol. • Triple therapy (once daily regimen) with lamivudine + tenofovir: high rate of early viral non-response (see literature). |

(continued)

| Generic & Class | Brand & Company | Contraindications and Drug Interactions† |
|---|--|---|
| NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs) (continued) | | |
| abacavir (ABC)/lamivudine (3TC) | Epizcom (GlaxoSmithKline) | <ul style="list-style-type: none"> • See literature re: fatal hypersensitivity reactions; signs/symptoms include: fever, rash, nausea, vomiting, diarrhea, abdominal pain, malaise/fatigue, or respiratory symptoms; discontinue as soon as suspected; do not restart, regardless of HLA-B*5701 status. • Hepatic impairment. • Avoid concomitant zalcitabine or other forms of abacavir, lamivudine. • Do not combine with other nucleoside/nucleotide reverse transcriptase inhibitors as part of a triple-drug regimen. • Potentiated by ethanol, TMP/SMX, nelfinavir. • May antagonize methadone. • Monitor for treatment-associated toxicities with interferon-alpha with or without ribavirin. |
| abacavir (ABC)/lamivudine (3TC)/zidovudine (ZDV) | Trizivir (GlaxoSmithKline) | <ul style="list-style-type: none"> • See literature re: fatal hypersensitivity reactions; signs/symptoms include: fever, rash, nausea, vomiting, diarrhea, abdominal pain, malaise/fatigue, or respiratory symptoms; discontinue as soon as suspected; do not restart, regardless of HLA-B*5701 status. • Hepatic impairment. • Avoid zalcitabine, stavudine, doxorubicin, ribavirin, emtricitabine, tenofovir, other forms of abacavir, lamivudine, or zidovudine. • Abacavir may antagonize methadone. • TMP/SMX, nelfinavir may increase lamivudine levels. • Ethanol may increase abacavir levels. Atovaquone, fluconazole, methadone, nelfinavir, probenecid, ritonavir, valproic acid may affect zidovudine levels; monitor. • Increased hematologic toxicity with ganciclovir, other bone marrow suppressants or cytotoxic agents. • Triple therapy (once daily regimen) with tenofovir or with didanosine + tenofovir: high rate of early viral non-response (see literature). • Monitor for treatment-associated toxicities with interferon-alpha with or without ribavirin. |
| didanosine (ddI) | Videx (Bristol Myers-Squibb) | <ul style="list-style-type: none"> • Extreme caution with pancreatotoxic drugs (eg, alcohol, stavudine, pentamidine): see literature. • Caution with hydroxyurea, neurotoxic drugs (eg, stavudine). • Potentiated by alloprinolol (not recommended), ganciclovir, tenofovir (reduce dose of didanosine; monitor); increased didanosine toxicities with ribavirin (not recommended). • Antagonized by methadone. • For pediatric pwd: avoid magnesium- or aluminum-containing antacids. • Separate dosing of delavirdine, indinavir, nelfinavir by 1 hour; give drugs affected by gastric pH (eg, itraconazole, ketoconazole) 2 hours prior. • May antagonize quinolones, tetracyclines. Give at least 6 hours before or 2 hours after ciprofloxacin. • See literature for dosing with concomitant tenofovir. |
| emtricitabine (FTC) | Emtriva (Gilead Sciences) | <ul style="list-style-type: none"> • Avoid concomitant drugs that contain emtricitabine or lamivudine. |
| emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF) | Truvada (Gilead Sciences) | <ul style="list-style-type: none"> • Avoid concomitant drugs that contain emtricitabine, tenofovir, lamivudine, or adefovir dipivoxil. • Potentiates didanosine toxicity (>60%; reduce dose of didanosine); discontinue didanosine if toxicity develops. • Monitor drugs that reduce renal function or compete for renal tubular secretion (eg, adefovir dipivoxil, cidofovir, acyclovir, valacyclovir, ganciclovir, valganciclovir). • Avoid concomitant or recent use of nephrotoxic agents. • Potentiated by lopinavir/ritonavir, atazanavir; monitor for toxicity. • Concomitant atazanavir: must give with ritonavir. • Caution with triple nucleoside-only regimen (high rate of early viral non-response); monitor and consider alternative therapy. • See literature for dosing of concomitant didanosine or ritonavir. |
| lamivudine (3TC) | Epivir (GlaxoSmithKline) | <ul style="list-style-type: none"> • Concomitant zalcitabine: not recommended. • Avoid concomitant drugs that contain lamivudine or emtricitabine. • Caution with drugs eliminated by active organic cationic secretion (eg, trimethoprim). Increased lamivudine absorption with TMP/SMX (clinical significance unknown). • Triple therapy (once daily regimen) with abacavir + tenofovir or with didanosine + tenofovir: high rate of early viral non-response (see literature). • Monitor for treatment-associated toxicities with interferon-alpha with or without ribavirin. |
| lamivudine (3TC)/zidovudine (ZDV) | Combivir (GlaxoSmithKline) | <ul style="list-style-type: none"> • Avoid concomitant other forms of zalcitabine, stavudine, doxorubicin, ribavirin. • Bone marrow suppression increased by ganciclovir, interferon-alpha, cytotoxic drugs. TMP/SMX, atovaquone, fluconazole, methadone, probenecid, valproic acid, possibly others may affect lamivudine or zidovudine blood levels (clinical significance unknown); monitor. • Triple therapy (once daily regimen) with abacavir + tenofovir or with didanosine + tenofovir: high rate of early viral non-response (see literature). • Monitor for treatment-associated toxicities with interferon-alpha with or without ribavirin. |
| stavudine (d4T) | Zerit (Bristol Myers-Squibb) | <ul style="list-style-type: none"> • Avoid concomitant zidovudine. • Increased risk of toxicity with neurotoxic, hepatotoxic, or pancreatotoxic drugs (eg, didanosine and/or hydroxyurea); avoid. • Caution with doxorubicin, ribavirin. • Monitor for treatment-associated toxicities with interferon-alpha with or without ribavirin. |
| tenofovir disoproxil fumarate (TDF) | Viread (Gilead Sciences) | <ul style="list-style-type: none"> • Avoid concomitant drugs that contain tenofovir or adefovir dipivoxil. • Potentiates didanosine toxicity (>60%; reduce dose of didanosine); discontinue if toxicity develops. • Monitor drugs that reduce renal function or compete for renal tubular secretion (eg, cidofovir, acyclovir, valacyclovir, ganciclovir, valganciclovir). • Potentiated by lopinavir/ritonavir, atazanavir; monitor for toxicity. • Concomitant atazanavir: must give with ritonavir. • Caution with triple nucleoside-only regimens (high rate of early viral non-response); monitor and consider alternative therapy. • See literature for dosing of concomitant didanosine or ritonavir. |

ANTIRETROVIRAL CONTRAINDICATIONS AND DRUG INTERACTIONS (Part 3 of 4)

| Generic & Class | Brand & Company | Contraindications and Drug Interactions† |
|---|--|--|
| NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs) (continued) | | |
| zidovudine (ZDV) | Retrovir (GlaxoSmithKline) | <ul style="list-style-type: none"> • Avoid stavudine, doxorubicin, ribavirin, other nucleoside analogues, other forms of zidovudine. • Caution with other cytotoxic or myelosuppressive drugs (eg, ganciclovir, interferon-alpha, ribavirin). • Fluconazole, atovaquone, lamivudine, probenecid, valproic acid, methadone increase zidovudine levels. • Monitor phenytoin. • May be antagonized by rifampin, ritonavir, nelfinavir. • Monitor for treatment-associated toxicities with interferon-alpha with or without ribavirin. |
| PROTEASE INHIBITORS (PIs) | | |
| atazanavir sulfate (ATV) | Reyataz (Bristol-Myers Squibb) | <ul style="list-style-type: none"> • Concomitant nevirapine; other protease inhibitors or fluticasone (atazanavir + ritonavir): not recommended. • Caution with drugs metabolized by UGT1A1 or CYP3A (eg, parenteral midazolam, calcium channel blockers, statins, immunosuppressants, PDE5 inhibitors: reduce doses of these; max 25mg sildenafil in 48 hrs; max 10mg tadalafil in 72 hrs; max 2.5mg vardenafil in 72 hrs), and CYP2C8 (eg, paclitaxel, repaglinide). • Potentiated by CYP3A inhibitors. • Antagonized by CYP3A inducers. • Use cautiously and monitor diltiazem, antiarrhythmics, others that affect conduction (esp. if metabolized by CYP3A). • Consider reducing diltiazem or clarithromycin dose by 50%; rifabutin dose by 75%. • Variable effects on clarithromycin; consider other drugs. • Plasma levels decreased by drugs that reduce gastric acidity (eg, H₂ blockers). Give proton pump inhibitors 12 hours before atazanavir; avoid in therapy-experienced. • Give 2 hours before or 1 hour after buffered or enteric coated didanosine. • Antagonized by tenofovir (see dose). • Increased risk of lactic acidosis with nucleoside analogues. • Potentiates saquinavir, trazodone, fluticasone, oral contraceptives, ketoconazole, itraconazole. • Monitor warfarin, tricyclics, rifabutin, atorvastatin, rosuvastatin, immunosuppressants. |
| darunavir (DRV) | Prezista (Tibotec) | <ul style="list-style-type: none"> • Voriconazole: not recommended. • Avoid protease inhibitors other than those studied (lopinavir/ritonavir, saquinavir, indinavir, atazanavir), dexamethasone, fluticasone. • Potentiates carbamazepine, risperidone, thioridazine, trazodone, desipramine, IV midazolam, rifabutin, digoxin, atorvastatin, pravastatin, rosuvastatin, sildenafil, vardenafil, tadalafil (reduce their doses). • Potentiates, and is potentiated by, indinavir, ketoconazole, itraconazole. • Increases efavirenz levels. • Antagonizes sertraline, paroxetine (monitor levels), ethinyl estradiol, norethindrone (use backup contraception). • Antagonizes and antagonized by other CYP3A4 substrates (eg, carbamazepine, phenobarbital, phenytoin). • Antagonized by efavirenz. • Monitor antiarrhythmics (eg, bepridil, systemic lidocaine, quinidine, amiodarone, flecainide, propafenone), calcium channel blockers, β-blockers, warfarin, digoxin, immunosuppressants (eg, tacrolimus, sirolimus, cyclosporine), methadone (possible opiate withdrawal syndrome). • Reduce concomitant clarithromycin dose in renal impairment. • Separate dosing of didanosine. |
| fosamprenavir calcium (FOS-APV) | Lexiva (GlaxoSmithKline) | <ul style="list-style-type: none"> • Life-threatening arrhythmias possible with bepridil. • Concomitant nevirapine without ritonavir: not recommended. • Reduce rifabutin dose by at least ½ (or by 75% if with ritonavir) and monitor for neutropenia (do weekly CBCs). • Potentiates sildenafil, tadalafil, vardenafil; reduce doses of these. • May potentiate fluticasone (consider alternative therapy), trazodone (reduce trazodone dose). • Monitor amiodarone, anticonvulsants (eg, phenytoin), H₂ blockers, immunosuppressants, lidocaine (systemic), quinidine, tricyclics, warfarin, drugs that affect or are affected by CYP3A4 (eg, azole antifungals, benzodiazepines, calcium channel blockers, macrolides, NNRTIs, protease inhibitors, statins, steroids). • May antagonize, or be antagonized by antacids, hormonal contraceptives (use non-hormonal methods), methadone. |
| indinavir sulfate (IDV) | Crixivan (Merck) | <ul style="list-style-type: none"> • Concomitant amiodarone, cisapride, triazolam, midazolam, pimozide, ergots. • Rifampin, St. John's wort, atazanavir, lovastatin, simvastatin: not recommended; caution with other statins metabolized by CYP3A4. • Potentiates PDE5 inhibitors; reduce sildenafil to max 25mg per 48 hours; reduce tadalafil to max 10mg per 72 hours; reduce vardenafil to max 2.5mg per 24 hours; rifabutin, calcium channel blockers, others metabolized by CYP3A4. • Plasma levels increased by itraconazole, ketoconazole, delavirdine, CYP3A4 inhibitors. • Plasma levels reduced by efavirenz, rifabutin; possibly phenobarbital, phenytoin, carbamazepine, dexamethasone, other CYP3A4 inducers. • Separate dosing of indinavir and didanosine by at least 1 hour and give both on empty stomach. |
| lopinavir (LPV)/ritonavir (RTV) | Kaletra (Abbott) | <ul style="list-style-type: none"> • Loss of virologic response or resistance with rifampin, St. John's wort. • Drugs metabolized by CYP3A that may cause serious events if blood levels are elevated (eg, cisapride, ergots, pimozide, midazolam, triazolam). • Lovastatin, simvastatin, St. John's wort, rifampin, voriconazole: not recommended. • Potentiates sildenafil, vardenafil, tadalafil (reduce dose of these), statins metabolized by CYP3A (eg, atorvastatin), fluticasone (avoid). • Avoid oral soln with metronidazole, disulfiram. • Monitor other antiretrovirals, warfarin. • Increases levels of antiarrhythmics, dihydropyridine, calcium channel blockers, immunosuppressants (monitor); ketoconazole, itraconazole (avoid high doses); rifabutin (reduce rifabutin dose and monitor); clarithromycin (reduce clarithromycin dose in renal dysfunction), trazodone (reduce trazodone dose). • Give didanosine 1 hour before or 2 hours after. • Decreases levels of atovaquone, methadone, estrogen-containing oral contraceptives (use other or back-up contraception). • Lopinavir levels decreased by anticonvulsants (eg, carbamazepine, phenobarbital, phenytoin), dexamethasone, efavirenz, nevirapine. • Lopinavir levels may be increased by delavirdine, CYP3A inhibitors. • May decrease zidovudine or abacavir levels. |

(continued)

ANTIRETROVIRAL CONTRAINDICATIONS AND DRUG INTERACTIONS† (Part 4 of 4)

| Generic & Class | Brand & Company | Contraindications and Drug Interactions† |
|--|--|--|
| PROTEASE INHIBITORS (PIs) (continued) | | |
| nelfinavir mesylate (NFV) | Viracept (Agouron) | <ul style="list-style-type: none"> • CYP3A substrates that may cause serious events if blood levels are elevated (eg, cisapride, pimozone, midazolam, triazolam, lovastatin, simvastatin, ergots, amiodarone, quinidine). • Rifampin, St. John's wort: not recommended. • Potentiates CYP3A substrates (eg, dihydropyridine calcium channel blockers, cyclosporine, tacrolimus, sirolimus, rifabutin, atorvastatin), sildenafil (max 25mg in 48 hours), phenytoin (monitor). • Nelfinavir levels decreased by CYP3A inducers (eg, phenytoin, rifampin, carbamazepine, phenobarbital) or CYP2C19 inducers. • Nelfinavir levels increased by CYP3A or CYP2C19 inhibitors. • Antagonizes methadone, oral contraceptives (use additional or alternative contraception). • Indinavir, ritonavir, saquinavir increase nelfinavir levels. • Concomitant azithromycin: monitor for azithromycin toxicity (eg, elevated liver enzymes). |
| ritonavir (RTV) | Norvir (Abbott) | <ul style="list-style-type: none"> • Amiodarone, bepridil, flecainide, quinidine, propafenone, ergots, midazolam, triazolam, pimozone, cisapride. • Rifampin, lovastatin, simvastatin, St. John's wort, high-dose or long-term meperidine: not recommended. • Potentiates sildenafil, vardenafil (reduce sildenafil and vardenafil doses), fluticasone (avoid). • May be affected by, potentiate, or antagonize drugs that are metabolized by or induce CYP3A4, 2D6, 2C9, 3A, 1A2 or glucuronyl transferase, including: opioids, antiarrhythmics (eg, disopyramide, mexiletine), macrolides, anticoagulants, anticonvulsants, most antidepressants (eg, SSRIs, tricyclics, nefazodone, bupropion), antiemetics (eg, dronabinol), antihypertensives (eg, calcium channel blockers, β-blockers), antiparasitics, antifungals (eg, itraconazole), corticosteroids, indinavir, saquinavir, sulfonyleureas, immunosuppressants, neuroleptics, sedative/hypnotics, CNS stimulants, atorvastatin; monitor these and others closely. • Antagonizes theophylline, oral contraceptives, methadone. • Separate dosing of didanosine by 2½ hours. • Avoid metronidazole, disulfiram; ketoconazole >200mg/day. • Reduce rifabutin dose by at least 3/4. |
| saquinavir mesylate (SQV) | Invirase (Roche) | <ul style="list-style-type: none"> • Severe hepatic impairment. • Concomitant potent CYP3A inducers or substrates (eg, amiodarone, bepridil, cisapride, ergots, flecainide, midazolam, pimozone, propafenone, quinidine, rifampin, triazolam). • Concomitant lovastatin, simvastatin, St. John's wort, garlic capsules: not recommended. • Plasma levels reduced by efavirenz, nevirapine, rifabutin, possibly other enzyme inducers. • Consider alternatives to CYP3A4 inducers (eg, carbamazepine, phenobarbital, phenytoin, dexamethasone): not recommended. • Plasma levels increased by clarithromycin (see literature), indinavir, nelfinavir, lopinavir/ritonavir, ritonavir, delavirdine, itraconazole, ketoconazole. • Antagonizes methadone, oral contraceptives. • Potentiates CYP3A4 substrates (eg, calcium channel blockers, atorvastatin, pravastatin, fluvastatin, rosuvastatin, dapsone, warfarin, cyclosporine, tacrolimus, rapamycin, sildenafil, vardenafil, tadalafil); monitor their effects; may need reduced doses. • Caution with antiarrhythmics (eg, systemic lidocaine), tricyclics, benzodiazepines, fentanyl, nefazodone, others (see literature). |
| tipranavir (TPV) | Aptivus (Boehringer Ingelheim) | <ul style="list-style-type: none"> • Moderate to severe hepatic insufficiency (Child-Pugh B–C). • Concomitant potent CYP3A inducers or substrates (eg, amiodarone, bepridil, flecainide, propafenone, quinidine, rifampin, ergots, cisapride, St. John's wort, lovastatin, simvastatin, pimozone, oral midazolam, triazolam). • Concomitant fluticasone, amprenavir, lopinavir, saquinavir, or fluconazole, ketoconazole, itraconazole ≥200mg/day: not recommended. • Avoid metronidazole, disulfiram. • May be synergistic with enfuvirtide. • Potentiates PDE5 inhibitors (eg, sildenafil, tadalafil, vardenafil), trazodone, desipramine; reduce dose: see literature. • Reduce rifabutin dose by 75%. • Antagonizes estrogens (use non-hormonal contraceptives), methadone, valproic acid, omeprazole. • Antagonized by carbamazepine, phenobarbital, phenytoin. • Potentiates atorvastatin, rosuvastatin: use lowest possible dose. • Monitor hypoglycemics, immunosuppressants, tricyclics, SSRIs, warfarin, drugs that affect or are affected by CYP3A4 (eg, azole antifungals, calcium channel blockers, clarithromycin, NNRTIs, PIs, statins). • Increased risk of bleeding with concomitant anticoagulants, antiplatelet agents, high-dose Vit.E. • Separate dosing of didanosine, antacids. • Oral soln: avoid high-dose Vit.E supplements. |

NOTES

† Those listed in **bold type** are contraindications.

‡ Not an inclusive list. Please see individual monographs.

(Created 12/2009)