EDL-ANTIRETROVIRALS INTERACTIONS TABLE

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This table has been compiled to reduce the occurrence of clinically relevant drug-drug interactions between the antiretrovirals available in the public sector and most medicines listed on the Essential Drugs List.

The following references have been consulted in the compilation of this document:

1. De Maat MMR, Ekhart GC, Huitema ADR et al. Drug Interactions between Antiretroviral Drugs and Comedicated Agents. Clinical Pharmacokinetics 2003; 42(3):223-282
2. University of Liverpool: www.hiv-druginteraction.org
3. Toronto General Hospital Immunodeficiency Clinic: www.tthhivclinic.com
4. www.hivinsite.com
5. Baxter K, ed. Stockley's Drug Interactions. 10th ed. Pharmaceutical Press, London, 2013.
6. Klasco RK (Ed): DRUGDEX® System. Thomson Reuters, Greenwood Village, Colorado (edition expires December 2013)
7. Pubmed

Every effort has been made to include all the clinically relevant interactions, but this table may not be completely exhaustive. If a medicine is not listed this does not mean there are no interactions. In addition, reliable information on whether medicines interact or not is often not yet available, and some recommendations have been based on theoretical grounds.

If you need assistance on other interactions or more information on the references used, please call the National HIV and TB HCW Hotline, 0800 212 506 / 021 406 6782 / send an SMS or "Please call me" to 071 840 1572.

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	Interaction	Management
ACE Inhibitor		
	No interaction reported.	No dosage adjustment required.
Acetazolamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	Potential for competition with lamivudine/emtricitabine for active renal transport mechanisms, which may lead to increased levels of either drug.	Monitor for adverse effects.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Potential for competition with stavudine for active renal transport mechanisms, which may lead to increased levels of either drug.	Monitor for adverse effects.
Tenofovir	Potential for competition with tenofovir for active renal transport mechanisms, which may lead to increased levels of either drug.	Monitor for adverse effects.
Zidovudine	Additive myelosuppression.	If concomitant treatment with potentially myelosuppressive drugs is necessary then extra care should be taken in monitoring renal function and haematological parameters.
Acetylcysteine		
	No interaction reported.	No dosage adjustment required.
Aciclovir		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	Levels of tenofovir or aciclovir may be increased.	Weekly monitoring of renal function when used concomitantly.
Zidovudine	One case report of profound lethargy.	No dosage adjustment required.
Activated Charcoal		
	May prevent absorption of antiretroviral.	Do not take antiretroviral for 2 hours before or 2 hours after having taken activated charcoal.
Adrenaline		
	No interaction reported.	No dosage adjustment required.
Albendazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Efavirenz	Theoretically levels of the active metabolite albendazole sulfoxide may be reduced.	Monitor response, this is likely to be clinically important when used to treat systemic worm infections.
Etravirine	Theoretically levels of the active metabolite albendazole sulfoxide may be reduced.	Monitor clinical effect of albendazole.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Ritonavir reduces the exposure to albendazole and its active metabolite, albendazole sulfoxide significantly.	Monitor response, this is likely to be clinically important when used to treat systemic worm infections.
Nevirapine	Theoretically levels of the active metabolite albendazole sulfoxide may be reduced.	Monitor clinical efficacy of albendazole.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive bone marrow suppression.	Monitor FBC every two weeks.
Alfentanil		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential decrease in alfentanil concentration.	Monitor for effectiveness of alfentanil.
Etravirine	Etravirine may decrease alfentanil level.	Monitor response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Potential increase in alfentanil concentration.	Monitor closely for increased respiratory depression and adjust dose of alfentanil if needed.
Nevirapine	Potential decrease in alfentanil concentration.	Monitor response and adjust dose if needed.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Alfuzosin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	Potential decrease in alfuzosin exposure.	Monitor clinical effect and increase dosage if needed.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased plasma concentrations of alfuzosin.	Contraindicated.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Alimemazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically concentrations of alimemazine and ritonavir may be increased.	Monitor closely.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Allopurinol		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Increased didanosine effects.	Avoid combination.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Alprazolam		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially decrease alprazolam exposure.	Monitor clinical effect and withdrawal symptoms.
Etravirine	Etravirine, an inducer of CYP3A4, could potentially decrease alprazolam exposure.	Monitor clinical effect and withdrawal symptoms.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased alprazolam effect when lopinavir/ritonavir or atazanavir/ritonavir is started. (After 10 days no significant interaction).	Use safer alternative e.g. oxazepam, temazepam, lorazepam.
Nevirapine	Theoretical risk of reducing alprazolam effects.	Monitor for alprazolam effects, and withdrawal symptoms when adding nevirapine to patient already on alprazolam.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Aluminium hydroxide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Atazanavir solubility/absorption decreases as pH increases.	Atazanavir should be administered 2 hours before or 1 hour after antacids.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	Decreased raltegravir exposure.	Do not coadminister.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Amikacin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	Amikacin is nephrotoxic.	Monitor renal function periodically and adjust lamivudine dosage accordingly.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Amikacin is nephrotoxic.	Monitor renal function periodically and adjust stavudine dosage accordingly.
Tenofovir	Potential for additive nephrotoxicity.	Avoid if possible or monitor renal function weekly if concurrent use unavoidable.
Zidovudine	No interaction reported.	No dosage adjustment required.
Amiodarone		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease or increase levels of amiodarone.	Combination best avoided until more data becomes available, alternatively close monitoring of the therapeutic effect is recommended.
Etravirine	Etravirine is expected to decrease plasma concentrations of amiodarone.	Caution is warranted and therapeutic concentration monitoring, if available, is recommended.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Ritonavir increases amiodarone levels significantly.	Avoid lopinavir/ritonavir combination. Atazanavir/darunavir + ritonavir can be used with caution, if cardiac function and amiodarone levels can be monitored.
Nevirapine	Potential for decrease in amiodarone plasma concentrations.	Dose adjustment of amiodarone may be needed due to possible decrease in clinical effect.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Amitriptyline		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Plasma concentration and effects of amitriptyline may be increased. Concurrent use of amitriptyline and lopinavir/ritonavir may result in an increased risk of QT interval prolongation.	Careful monitoring of therapeutic and adverse effects is recommended.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Amlodipine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically amlodipine levels may be decreased.	Monitor effect closely and increase dose of amlodipine if needed.
Etravirine	Potential decrease in amlodipine exposure.	Monitor clinical effect and increase dose of amlodipine if needed.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Amlodipine levels significantly increased by ritonavir and atazanavir. Both can prolong PR interval.	Use lower starting dose of amlodipine and titrate to effect. Monitor closely.
Nevirapine	Theoretically amlodipine levels may be reduced.	Monitor effect closely and increase dose of amlodipine if needed.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Amoxicillin		
	No interaction reported.	No dosage adjustment required.
Amphotericin B		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Amphotericin is nephrotoxic.	Renal function should be monitored and didanosine dosage adjusted accordingly.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	Amphotericin B is nephrotoxic.	Renal function should be monitored and lamivudine dosage adjusted accordingly.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Amphotericin B is nephrotoxic.	Renal function should be monitored and stavudine dosage adjusted accordingly.
Tenofovir	Additive nephrotoxicity.	Avoid concurrent use if possible. Monitor renal function weekly if concomitant use is unavoidable.
Zidovudine	Similar toxicity profile.	Monitor FBC and renal function closely. Consider dose reduction if required.
Anti-D (Rh) immunoglobulin		
	No interaction reported.	No dosage adjustment required.
Artemether/lumefantrine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz decreases artemether and lumefantrine levels.	Monitor for efficacy.
Etravirine	Artemether AUC: decreased by 38%; Lumefantrine AUC: decreased by 13%	Monitor response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Decreased artemether/DHA exposure. Increased AUC of lumefantrine.	Use with caution and monitor for toxicity and efficacy.
Nevirapine	NVP-based ART decreased artemether and dihydroartemisinin AUCs but effect on lumefantrine exposure is variable in different studies. Nevirapine exposure also reduced.	Monitor response closely.

	Interaction	Management
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Aspirin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No clinically significant interaction.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	Additive nephrotoxicity has been reported with NSAIDs.	Use with caution. The risk is increased if an NSAID is used for a long duration, if the patient has a pre-existing renal dysfunction, has a low body weight, or receives other drugs that may increase tenofovir exposure. Monitor renal function.
Zidovudine	In vitro study showed possible increase in AZT concentration. Further research needed. Not yet shown to be a clinically significant interaction.	No dosage adjustment required.
Atenolol		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Cardiac and neurological events have been reported when ritonavir was coadministered with beta blockers. Possible prolongation of PR interval. No clinically significant drug interaction or additive effect of atazanavir and atenolol.	Use with caution.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Atorvastatin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Decreased concentrations of atorvastatin due to enzyme induction by efavirenz. AUC decreased by 30 to 40 percent.	Some patients may need higher doses of atorvastatin to achieve target lipid goals, but only with increased monitoring of toxicities.
Etravirine	Etravirine slightly lowers atorvastatin exposure.	Monitor response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Markedly increased levels of atorvastatin (5-fold).	Avoid combination if possible. May consider low dose atorvastatin or normal dose pravastatin, monitor for myopathy.

	Interaction	Management
Nevirapine	Potential for decreased concentrations of atorvastatin due to enzyme induction by nevirapine.	Monitor therapeutic response.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Atovaquone		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No clinically significant interaction.	No dosage adjustment required.
Efavirenz	Atovaquone AUC decreased by 75%.	Dose adjustment not established.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Lopinavir/ritonavir may decrease atovaquone drug levels. Atazanavir decreases atovaquone AUC by 46%.	Clinical significance is unknown, however, an increase in atovaquone dose may be needed. Monitor therapeutic effect.
Nevirapine	Possible reduction of atovaquone levels.	Use with caution. Monitor response.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Increased zidovudine effects possible due to inhibition of glucuronidation by atovaquone.	No dose adjustment required. Monitor for AZT toxicity.
Atropine		
	No interaction reported.	No dosage adjustment required.
Aurothioglucose		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Both drugs may cause peripheral neuropathy.	Avoid combination where possible, monitor closely for peripheral neuropathy.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Both drugs may cause peripheral neuropathy.	Avoid combination where possible, monitor closely for peripheral neuropathy.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Azithromycin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased risk of QT interval prolongation.	No dosage adjustment required. Monitor.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
BCG vaccine		
	No kinetic interaction reported.	HIV-positive children are at high risk of disseminated BCG disease following BCG vaccination. Where HIV services provide early identification and antiretroviral therapy, BCG vaccination in infants born to HIV-positive mothers should be delayed until these infants are confirmed to be HIV negative. In areas with a high prevalence of TB and HIV, where diagnostic and treatment services for mother and infants are limited, the current recommendation is that BCG vaccination should be given at birth to all infants regardless of HIV exposure.
Beclomethasone		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	When very high doses are used and systemic absorption is higher, monitor for steroid effect and ideally efavirenz levels should be monitored.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Coadministration of darunavir/ritonavir (600/100 mg twice daily) and inhaled beclomethasone diproprionate (160 mg twice daily) decreased the AUC and Cmax of the active metabolite by 11% and 19%, respectively. No significant effect on adrenal function was seen.	No dosage adjustment required.
Nevirapine	No interaction reported.	When very high doses are used and systemic absorption is higher, monitor for steroid effect and ideally nevirapine levels should be monitored.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Benazepril		
	No interaction reported.	No dosage adjustment required.
Benzathine benzylpenicillin		
	No interaction reported.	No dosage adjustment required.
Benzoic acid with salicylic acid		
	No interaction reported.	No dosage adjustment required.
Benzoyl peroxide		
	No interaction reported.	No dosage adjustment required.
Benzyl benzoate		
	No interaction reported.	No dosage adjustment required.
Benzylpenicillin		
	No interaction reported.	No dosage adjustment required.
Betamethasone		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Efavirenz	Theoretically betamethasone levels may be reduced and efavirenz levels may be reduced.	Monitor for steroid effect. Ideally, efavirenz levels should be monitored.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically betamethasone levels may be increased and PI levels reduced.	Monitor for steroid effect and consider dose reduction of systemic betamethasone. Ideally, PI levels should be monitored.
Nevirapine	Theoretically betamethasone and nevirapine levels may be reduced.	Monitor for steroid effect and consider dose increase of corticosteroid. Ideally, nevirapine levels should be monitored.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Biperiden		
	No interaction reported.	No dosage adjustment required.
Budesonide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically oral budesonide levels may be decreased. Theoretically, efavirenz levels may be decreased.	Monitor for steroid effect. Ideally, efavirenz levels should be monitored.
Etravirine	Theoretically oral budesonide and etravirine levels may be decreased.	Monitor therapeutic outcome.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Possible increase in budesonide levels as a result of enzyme inhibition by ritonavir. Theoretically, oral budesonide may decrease PI levels.	Use with caution. Patients on oral budesonide should be closely monitored for increased signs and symptoms of hypercorticism and reduction of budesonide dosage should be considered. Ideally, PI levels should be monitored if oral budesonide used.
Nevirapine	Theoretically budesonide and nevirapine levels may be reduced if oral budesonide is used.	Monitor for steroid effect. Ideally, nevirapine levels should be monitored.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Bupivacaine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Possible increased bupivacaine concentrations.	Monitor for increased or prolonged therapeutic and adverse reactions.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Bupropion		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Bupropion AUC decreased by 55% due to induction of CYP2B6 by EFV.	Titrate bupropion to clinical effect. Do not exceed maximum recommended dose.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Ritonavir decreases the level of bupropion. Atazanavir alone is unlikely to alter bupropion concentrations.	Start at recommended starting dose and titrate to effect. Do not exceed maximum recommended doses.
Nevirapine	Theoretically bupropion levels may be decreased as NVP induces CYP2B6.	Titrate bupropion to clinical effect.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Calcium gluconate		
	No interaction reported.	No dosage adjustment required.
Captopril		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically captopril levels may be increased.	Monitor closely.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Carbamazepine		
Abacavir	May increase carbamazepine concentrations due to competition for glucuronidation.	Perform TDM for carbamazepine.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	When efavirenz is administered concomitantly, there is a reduction in the plasma concentrations of both drugs.	Avoid combination. Valproic acid or lamotrigine can be used as an alternative.
Etravirine	Reduced plasma concentrations of etravirine.	Avoid combination. Valproic acid or lamotrigine can be used as an alternative.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Coadministration of carbamazepine and protease inhibitors may result in decreased concentrations of protease inhibitors. Also, PIs may increase the levels of carbamazepine.	Avoid combination. Valproic acid or lamotrigine (may require higher dose) can be used as an alternative to carbamazepine.
Nevirapine	Nevirapine may cause decreased carbamazepine plasma concentrations. Also, carbamazepine may lower nevirapine concentrations.	Avoid combination. Valproic acid or lamotrigine can be used as an alternative.
Raltegravir	Theoretically raltegravir concentrations may be reduced via induction of glucuronidation.	Consider therapeutic drug monitoring for raltegravir.

	Interaction	Management
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	May increase carbamazepine concentrations due to competition for glucuronidation.	Perform TDM for carbamazepine and monitor for potential additive haematological toxicity.
Carvedilol		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	Etravirine could potentially increase carvedilol concentrations via CYP2C9 inhibition or decrease carvedilol concentrations via induction of glucuronidation (UGT1A1).	Monitor clinical effect.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Possibility of prolonged PR interval. Also darunavir/ritonavir could potentially increase carvedilol concentrations via CYP2D6 inhibition or decrease carvedilol concentrations via induction of glucuronidation.	Use with caution. Clinical monitoring is recommended.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ceftriaxone		
	No interaction reported.	No dosage adjustment required.
Cetirizine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased exposure and half-life of cetirizine.	No dosage adjustment required. Monitor patients for increased cetirizine side effects including drowsiness.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Chloramphenicol		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No kinetic interaction reported, but both drugs may cause peripheral neuropathy.	Monitor closely for peripheral neuropathy.
Efavirenz	Theoretically chloramphenicol may increase efavirenz levels.	Monitor for efavirenz toxicity.
Etravirine	Theoretically etravirine levels may be increased.	Monitor for adverse effects.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically chloramphenicol may increase PI levels.	Monitor for PI toxicity.

	Interaction	Management
Nevirapine	Theoretically chloramphenicol may increase nevirapine levels.	Monitor for nevirapine toxicity.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No kinetic interaction reported, but both drugs may cause peripheral neuropathy.	Monitor closely for peripheral neuropathy.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Theoretically both chloramphenicol and zidovudine effects may be increased due to inhibition of glucuronidation. Also, both agents are bone marrow toxins.	Monitor FBC frequently.
Chlordiazepoxide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	The action of chlordiazepoxide may be decreased.	Monitor clinical effect.
Etravirine	The action of chlordiazepoxide may be decreased.	Monitor clinical response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	The activity of chlordiazepoxide may be increased.	Monitor closely and consider lowering the dose or use safer alternative e.g. oxazepam, temazepam, lorazepem.
Nevirapine	The action of chlordiazepoxide may be decreased.	Monitor clinical response.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Chloroquine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically PIs may increase chloroquine levels. Increased risk of QT interval prolongation.	No dosage adjustment required. Monitor for ophthalmological toxicity in patients on long-term chloroquine therapy. Avoid/closely monitor in patients with risk of QT interval prolongation.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Chlorphenamine/ chlorpheniramine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically chlorpheniramine levels may be increased.	Clinical significance of this interaction is unknown. Monitor for adverse effects.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Chlorpromazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported with EC caps. Buffer in tablets may reduce chlorpromazine absorption.	No dosage adjustment required. If using tablets give at least two hours apart.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretical interaction resulting in increased chlorpromazine levels.	Use with caution due to the risk of QT interval prolongation reported for both drugs.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematological toxicity.	Monitor FBC.
Cilazapril		
	No interaction reported.	No dosage adjustment required.
Cimetidine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	May increase didanosine levels.	Monitor for didanosine toxicity.
Efavirenz	No drug interaction reported, but theoretically cimetidine could increase efavirenz levels.	No dosage adjustment required, but monitor for side effects of efavirenz.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No clinically significant interaction with lopinavir/ritonavir/darunavir, but cimetidine significantly reduces absorption of atazanavir.	Atazanavir: management complicated and dependent on ARV regimen and dose of cimetidine. Call 0800 212506 for advice.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Inhibition of AZT clearance.	No dosage adjustment required.
Ciprofloxacin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Decreased ciprofloxacin effect caused by chelation and adsorption of ciprofloxacin by cations contained in didanosine buffer.	Give ciprofloxacin 2 hours before or 6 hours after didanosine. If available use enteric coated formulation of didanosine which may then be given with ciprofloxacin.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased risk of QT interval prolongation.	Use with caution. Monitor closely.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Cisapride		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible increase of cisapride levels and cardiotoxicity.	Avoid combination. Alternative: Metoclopramide
Etravirine	Cisapride levels may potentially be decreased.	A dose adjustment may be needed.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Possible increase of cisapride levels and cardiotoxicity.	Avoid combination.
Nevirapine	Possible decrease in cisapride clinical effects.	Dosage adjustment may be needed.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Cisplatin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Increased risk of peripheral neuropathy.	Monitor closely for peripheral neuropathy.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	Cisplatin and lamivudine/emtricitabine could potentially compete for OCT2 which could slow their renal elimination. Furthermore, cisplatin may impair the renal function.	Closely monitor creatinine clearance and adjust lamivudine dosage accordingly.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Increased risk of peripheral neuropathy.	Monitor closely for peripheral neuropathy.
Tenofovir	Increased risk of nephrotoxicity.	Closely monitor renal function.
Zidovudine	Additive haematotoxicity.	Monitor FBC closely.
Citalopram		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Citalopram is extensively metabolised by CYP450 enzymes. No interaction data available.	Use with caution.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Coadministration may increase citalopram concentrations. In addition, concurrent use may result in an increased risk of QT interval prolongation.	Use with caution, monitor closely.
Nevirapine	Citalopram is extensively metabolised by CYP450 enzymes. No interaction data available.	Use with caution.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Clarithromycin		
Abacavir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential induction of CYP3A4 by efavirenz resulting in decreased clarithromycin levels. High incidence of rash in patients receiving both drugs.	Clinical significance unknown, if macrolide is needed consider using azithromycin which does not interact.
Etravirine	Etravirine reduces clarithromycin exposure, and increases that of its hydroxy metabolite. Clarithromycin slightly increases etravirine exposure.	Avoid combination if possible; consider use of azithromycin
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Lopinavir/ritonavir: Potential for increased clarithromycin levels and effects, particularly prolongation of QT interval. (Cardiac toxicity). Atazanavir: increased atazanavir and clarithromycin exposure and reduced exposure of the active metabolite, 14-OH clarithromycin by 70%. Darunavir/ritonavir: AUC, maximum plasma concentration, and minimum plasma concentration of clarithromycin were increased by 57%, 26%, and 174%, respectively. The metabolite, 14-hydroxyclarithromycin, was not detectable.	Lopinavir/ritonavir: For patients with renal impairment dose reduction of clarithromycin should be considered. No data for atazanavir/ritonavir. Atazanavir: a dose reduction of clarithromycin by 50% should be considered. Due to the reduced exposure of active metabolite, possibly not effective for infections other than MAC.
Nevirapine	Nevirapine decreases clarithromycin levels, but increases levels of its active metabolite. Also, nevirapine levels are increased slightly.	No dose adjustment is necessary, but close monitoring of hepatic abnormalities is advised. Activity against Mycobacterium avium-intracellular complex (MAC) may be impaired. Use azithromycin instead.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No clinically significant interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Some reduction in zidovudine levels is likely if the two drugs are taken at the same time.	No dosage adjustment required, but give clarithromycin either 2 hours before or 2 hours after the zidovudine. Monitor for AZT efficacy.
Clindamycin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically ritonavir may increase clindamycin levels.	Monitor for adverse events.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Clonazepam		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible decrease in clonazepam levels.	Monitor response.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased clonazepam effects.	Avoid combination. Use safer alternative e.g. oxazepam, temazepam, lorazepam.

	Interaction	Management
Nevirapine	Possible decrease in clonazepam concentrations and symptoms of withdrawal.	Monitor for clonazepam effects, and withdrawal symptoms when adding nevirapine to patient already on clonazepam.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Clopidogrel		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Atazanavir and atazanavir/ritonavir are predicted to decrease the activation of clopidogrel to its active metabolites.	An alternative to clopidogrel should be considered.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Clotrimazole		
	No interaction reported.	No dosage adjustment required.
Clozapine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may decrease clozapine concentrations.	Monitor therapeutic effect.
Etravirine	Etravirine may decrease clozapine concentrations.	Monitor therapeutic effect.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Atazanavir and atazanavir/ritonavir or lopinavir/ritonavir or darunavir/ritonavir may cause increases in clozapine plasma concentrations increasing risk of arrythmias, haematological abnormalities, seizures or other serious adverse effects.	Use with extreme caution only. Monitor patients closely for response to and toxicity of clozapine.
Nevirapine	Nevirapine may decrease clozapine concentrations.	Monitor therapeutic effect.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Use with caution and monitor FBC closley.
Codeine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially decrease codeine exposure.	Monitor analgesic effect.
Etravirine	Etravirine could potentially decrease codeine exposure.	Monitor analgesic effect.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretical possibility that analgesic efficacy may be decreased.	Monitor for efficacy of codeine.

	Interaction	Management
Nevirapine	Nevirapine could potentially decrease codeine exposure.	Monitor analgesic effect.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Colchicine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may reduce colchicine concentrations.	Monitor therapeutic effect.
Etravirine	Etravirine may reduce colchicine concentrations.	Monitor therapeutic effect.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Significant increases in colchicine levels.	Concomitant use not recommended. If concurrent use unavoidable: For treatment of gout, reduce colchicine dosage to 0.6 mg x 1 then 0.3 mg one hour later. Dose not to be repeated within 3 days. For prophylaxis of gout, reduce colchicine dosage to 0.3 mg once per day if on 0.6 mg BID prior to PI therapy or reduce colchicine dose to 0.3 mg once per day if on 0.6 mg once per day prior to PI therapy. Patients with renal or hepatic impairment should not be given colchicine with ritonavir.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Contraceptives, oral		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz did not change ethinylestradiol AUC, but significantly reduced exposure to the active metabolites of norgestimate. In another study levonorgestrel levels were significantly reduced.	Use with caution. Oral or injectable contraceptive or IUD are options. In addition, a barrier method must be used.
Etravirine	Slightly increases ethinyl oestradiol exposure, but did not change norethisterone exposure or the suppression of ovulation.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Ethinylestradiol AUC decreased by 42% and norethisterone concentration also decreased by lopinavir/ritonavir. Unboosted atazanavir may increase ethinylestradiol (EE) levels. Atazanavir boosted with ritonavir decreased EE levels. Darunavir decreased EE AUC by 44%.	Use with caution. Lopinavir/atazanavir/darunavir + ritonavir: Avoid low-dose OCs. High-dose oral or injectable contraceptive or IUD are options. In addition, a barrier method must be used. Atazanavir (unboosted): use no more than 30 mcg EE.
Nevirapine	Ethinylestradiol and norethisterone AUCs are decreased by 29% and 18% respectively by nevirapine.	Use with caution. Avoid low-dose OCs. High-dose oral or injectable contraceptive or IUD are options. In addition, a barrier method must be used.
Raltegravir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Theoretically ethinylestradiol may increase AZT concentration via inhibition of glucuronidation.	Monitor for AZT toxicity.
Corticosteroids		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	In one small study prednisolone half-life was reduced. Also, efavirenz levels may be decreased.	Monitor for steroid effect. Ideally, efavirenz levels should be monitored.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	There are numerous case reports of Cushing's syndrome with combination of inhaled fluticasone and ritonavir. Combination of prednisone and ritonavir resulted in approximately 30% increase in prednisolone AUC. Levels of other systemic corticosteroids theoretically also increased. Theoretically corticosteroids may reduce lopinavir/ritonavir levels.	Avoid inhaled fluticasone, but other topical corticosteroids have less systemic absorption & can probably be used without dosage adjustment. Use caution with high dose topical corticosteroids. Consider dose reduction for systemic corticosteroids if they are used. Ideally, lopinavir/ritonavir levels should be monitored.
Nevirapine	Theoretically corticosteroid and nevirapine levels may be reduced.	Monitor for steroid effect. Ideally, nevirapine levels should be monitored.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Cyclophosphamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible increase in efficacy or toxicity.	Use with caution and monitor closely.
Etravirine	Etravirine could potentially increase the amount of drug converted to the inactive neurotoxic metabolite.	Careful monitoring of cyclophosphamide efficacy and toxicity is recommended.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Possible increase in efficacy or toxicity.	Use with caution and monitor closely.
Nevirapine	Possible increase in amount of active metabolite and increased neurotoxicity.	Use with caution.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive myelosuppression.	Monitor haematological parameters closely.
Cyclosporin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential reduction in the effect of cyclosporin.	Close monitoring is recommended with appropriate dose adjustment of cyclosporin.
Etravirine	Etravirine may reduce plasma concentrations of cyclosporin.	Monitor closely.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Lopinavir/Atazanavir/Darunavir+ritonavir	Potential increase in cyclosporin levels and effects resulting in increased adverse effects of immunosuppression and renal toxicity.	Monitor and adjust cyclosporin as indicated.
Nevirapine	Possible decrease in the clinical effects of cyclosporin.	Monitor and adjust cyclosporin as indicated.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	Additive nephrotoxicity.	Renal function should be monitored during coadministration.
Zidovudine	No interaction reported.	No dosage adjustment required.
Dabigatran		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Dabigatran is a substrate of P-glycoprotein. PIs may inhibit or induce P-glycoprotein. No studies available.	Co-administration not recommended.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Dapsone		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Potential for additive neuropathy.	No dosage adjustment required. Monitor closely.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Concurrent use of atazanavir and dapsone may result in an increased risk of hemolytic anaemia and symptomatic hyperbilirubinemia.	No dosage adjustment required, monitor.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Potential for additive neuropathy.	No dosage adjustment required. Monitor for neuropathy.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematological toxicity.	No dosage adjustment required. Monitor for haematological toxicity.
Daunorubicin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretical possibility of increased daunorubicin concentrations increasing the risk of cardiotoxicity.	No dosage adjustment required. Monitor for adverse effects.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive myelosuppression.	If concomitant treatment with potentially myelosuppressive drugs is necessary, care should be taken in monitoring haematological parameters.
Dexamethasone		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Didanosine chewable/dispersible tablets and powder for oral solution contain an antacid which may decrease the absorption of dexamethasone.	Dexamethasone should be taken at least two hours apart from antacids.
Efavirenz	Possible decrease in efficacy of dexamethasone and decrease in the levels of efavirenz.	Monitor for steroid effect. Ideally, efavirenz levels should be monitored.
Etravirine	Dexamethasone is predicted to decrease the plasma concentrations of etravirine. Etravirine may decrease dexamethasone levels.	Use with caution or consider an alternative.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Dexamethasone may decrease lopinavir or ritonavir or darunavir levels. Possible increase in levels and effects of dexamethasone.	Monitor for steroid effect and consider dose reduction of dexamethasone. Clinical monitoring of antiviral efficacy is recommended.
Nevirapine	Possible decrease in efficacy of dexamethasone and nevirapine.	Monitor for steroid effect and consider increase of dexamethasone dose. Ideally, nevirapine levels should be monitored.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Diazepam		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Risk of prolonged sedation.	Avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives.
Etravirine	Etravirine is predicted to increase diazepam exposure.	Alternatives to diazepam should be considered.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Unpredictable.	Avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives.
Nevirapine	Theoretically nevirapine may reduce diazepam levels.	Monitor for diazepam effects, and withdrawal symptoms when adding nevirapine to patient already on diazepam.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Digoxin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	Moderate increase in exposure and plasma concentrations of digoxin.	Monitor digoxin levels.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased digoxin effects and theoretically an additive effect on PR interval prolongation.	Start with lowest dose of digoxin and monitor or if patient already on digoxin the dose should be halved and levels monitored.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Dihydralazine		
	No interaction reported.	No dosage adjustment required.
Diltiazem		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Decreased diltiazem levels (AUC decreased by 69%).	Adjust dose according to clinical response.
Etravirine	Theoretically diltiazem could increase etravirine concentrations and etravirine could potentially decrease diltiazem concentrations.	No dosage adjustment required for etravirine. Monitor diltiazem clinical effect and adjust dosage if needed.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Plasma concentrations of diltiazem may be increased. Unboosted atazanavir increased diltiazem AUC by 2.25-fold. Also, possible increased risk of PR interval prolongation.	Initiate diltiazem at low dose. Monitor and adjust dose if required. Unboosted atazanavir: reduce diltiazem dose by 50%.
Nevirapine	Possible decrease in diltiazem plasma concentrations with a possible decrease in clinical effects.	Monitor closely and adjust dosage as required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Diphtheria/tetanus toxoids		
	No interaction reported.	No dosage adjustment required.
Disopyramide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically levels of disopyramide may be decreased.	The magnitude and therapeutic consequences of this interaction cannot be predicted with any certainty. Dose adjustment may be needed.
Etravirine	Etravirine is expected to decrease plasma concentrations of disopyramide.	Use with caution and monitor.
Lamivudine/Emtricitabine	Potential decrease in lamivudine renal elimination.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Plasma concentrations of disopyramide may be increased.	The magnitude and therapeutic consequences of this interaction cannot be predicted with any certainty. Dose adjustment may be needed due to possible increase in clinical effect.
Nevirapine	Clinical effect of disopyramide may be reduced due to decreased plasma concentrations.	Disopyramide dose adjustment may be needed due to possible decrease in clinical effect.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	No interaction reported.	No dosage adjustment required.
Disulfiram		
Abacavir	Abacavir concentrations may increase due to inhibition of alcohol dehydrogenase by disulfiram.	No dosage adjustment required.
Didanosine	Possible increase in peripheral neurophathy as didanosine and disulfiram have similar toxicity profiles.	No dosage adjustment required. Monitor for peripheral neuropathy.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Lopinavir/ritonavir oral solution contains alcohol. Disulfiram reaction (e.g. nausea, vomiting, hypotension, headache). Inhibition of alcohol- and aldehyde dehydrogenase by disulfiram.	Do not coadminister disulfiram and lopinavir/ritonavir oral solution; consider lopinavir/ritonavir tablets.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Possible increase in peripheral neurophathy as stavudine and disulfiram have similar toxicity profiles.	No dosage adjustment required. Monitor for peripheral neuropathy.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Doxorubicin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Decreased stavudine efficacy.	Use with caution only if potential benefit outweighs potential risks.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematologic toxicity (neutropaenia).	Use with caution and close monitoring is required.
Doxycycline		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Buffered tablet formulations of didanosine contain antacids which may impair absorption of doxycycline.	Separate doses or use enteric coated didanosine.
Efavirenz	Theoretically doxycycline levels may be decreased.	Monitor response.
Etravirine	Theoretically doxycycline levels may be decreased.	Monitor response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	Theoretically doxycycline levels may be decreased.	Monitor response.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
DTP vaccine		
	No kinetic interaction reported.	Immunisation according to usual recommended schedules, however immunisation may be less effective in individuals with HIV infection.
Enalapril		
	No interaction reported.	No dosage adjustment required.
Ergometrine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Ergot toxicity possible.	These drugs should not be coadministered.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Acute ergot toxicity has been reported with combination. (Peripheral vasospasm and ischemia of the extremities and other tissues).	These drugs should not be coadministered.
Nevirapine	Theoretically nevirapine may reduce effects of ergometrine.	Monitor response.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ergotamine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased ergotamine toxicity.	These drugs should not be coadministered.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased ergotamine toxicity.	These drugs should not be coadministered.
Nevirapine	May result in decreased ergotamine concentrations.	Monitor response.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Erythromycin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No clinically significant interaction.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Lopinavir/ritonavir, atazanavir/ritonavir and darunavir/ritonavir could increase concentrations of erythromycin and this may result in an increase in toxicity, especially cardiac adverse events (QT interval prolongation).	Use with caution and if possible an alternative antibiotic should be used.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	No interaction reported.	No dosage adjustment required.
Esomeprazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz halves omeprazole exposure.	Monitor response.
Etravirine	Omeprazole slightly increases etravirine exposure, and etravirine inhibits omeprazole metabolism.	Monitor response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Atazanavir: 75% decrease in AUC of atazanavir with omeprazole	Coadministration of atazanavir and proton pump inhibitors is not recommended.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ethambutol		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No clinically significant kinetic interaction found, but both drugs may cause peripheral neuropathy.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No clinically significant kinetic interaction found, but both drugs may cause peripheral neuropathy.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ethanol		
Abacavir	Ethanol may increase levels of abacavir. Abacavir may decrease alcohol tolerance.	Usually not clinically significant.
Didanosine	Increased risk of pancreatitis.	Monitor clinically.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ethionamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Similar toxicity profile.	Monitor closely for peripheral neuropathy.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Similar toxicity profile.	Monitor closely for peripheral neuropathy.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ethosuximide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential decreased levels of ethosuximide.	Monitor individual response. The ethosuximide dosage may need to be altered.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Potential for increased ethosuximide concentrations.	Individual monitoring required. Decrease ethosuximide dose if required.
Nevirapine	Potential for decreased ethosuximide concentrations therefore decreased efficacy.	Monitor individual response. Increase ethosuximide dosage if required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Fentanyl		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential decrease in fentanyl concentrations.	Monitor individual response. Alter the drug dosage if required.
Etravirine	Possible decrease in fentanyl plasma concentrations decreasing the clinical effect.	Monitor individual patients. Adjust dosage of fentanyl if required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Fentanyl clearance decreased. Increase in fentanyl effects e.g. sedation, confusion, respiratory depression.	Monitor closely. Start with a low dose and titrate. These drugs should not be used together without careful risk benefit assessment and careful monitoring of therapeutic and adverse effects.
Nevirapine	Possible decrease in fentanyl plasma concentrations decreasing the clinical effect.	Monitor individual patients. Adjust dosage of fentanyl if required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ferrous gluconate		
	No interaction reported.	No dosage adjustment required.
Ferrous sulphate		
	No interaction reported.	No dosage adjustment required.
Flecainide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	Possible decrease in flecainide plasma concentrations.	Monitor response.

	Interaction	Management
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Flecainide levels may be increased, resulting in an increased risk of cardiac arrhythmias.	Do not coadminister.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Flucloxacillin		
	No interaction reported.	No dosage adjustment required.
Fluconazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	Etravirine AUC increased by 86%.	No dose adjustment established.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No clinically significant kinetic interaction. However may result in an increased risk of QT interval prolongation.	No dosage adjustment required. Monitor.
Nevirapine	Co-administration of fluconazole and nevirapine resulted in approximately 100% increase in nevirapine exposure compared with historical data where nevirapine was administered alone. High incidence of raised ALT reported.	Use combination with caution. Monitor patients closely for nevirapine adverse effects.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No clinically significant interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Increased zidovudine effects.	No dosage adjustment required, but monitor for AZT toxicity.
Fluorescein		
	No interaction reported.	No dosage adjustment required.
Fluoxetine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	A case of serotonin syndrome has been reported due to efavirenz possibly inhibiting the metabolism of fluoxetine.	Use with caution.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Potential increase in fluoxetine and protease inhibitor concentrations and toxicity. Serotonin syndrome reported with ritonavir and fluoxetine.	Careful monitoring of therapeutic and adverse effects is recommended when concomitantly administered with ritonavir.
Nevirapine	Decreased fluoxetine levels.	Monitor clinical response to fluoxetine and increase the dose if needed.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Fluphenazine		
Abacavir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically both ritonavir and fluphenazine levels may be increased. Additive QT prolongation.	Monitor closely for side effects.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Flurazepam		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may increase levels of flurazepam.	Do not coadminister these drugs. Use safer alternatives e.g. oxazepam, temazepam, lorazepam.
Etravirine	Etravirine could potentially decrease flurazepam exposure.	Monitor clinical effect and withdrawal symptoms.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased risk of sedation, respiratory depression and confusion.	Do not coadminister these drugs. Use safer alternatives e.g. oxazepam, temazepam, lorazepam.
Nevirapine	Theoretical risk of reducing flurazepam levels.	Monitor for flurazepam effects, and withdrawal symptoms when adding nevirapine to patient already on flurazepam.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Fluticasone		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically fluticasone levels may be decreased. Theoretically, efavirenz levels may be decreased.	Monitor for steroid effect. Ideally, efavirenz levels should be monitored.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased fluticasone levels possibly resulting in decreased plasma cortisol concentrations (e.g. Cushing's syndrome, adrenal suppression) .	Avoid combination. Safer alternative is beclomethasone.
Nevirapine	Theoretically fluticasone and nevirapine levels may be reduced.	Monitor for steroid effect. Ideally, nevirapine levels should be monitored.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Folic acid		
	No interaction reported.	No dosage adjustment required.
Furosemide		
Abacavir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	Furosemide could potentially decrease tenofovir renal elimination.	No dosage adjustment required, but renal function needs to be closely monitored.
Zidovudine	No interaction reported.	No dosage adjustment required.
Fusidic acid		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	One case report states significant elevation of fusidic acid and ritonavir levels and hepatotoxicity.	Use with caution.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ganciclovir		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Significantly increased didanosine serum concentrations and increased risk of didanosine toxicity (neuropathy, diarrhoea, pancreatitis). Decreased oral absorption of ganciclovir due to reduced gastric acidity from antacid buffer in ddI.	For both IV and PO ganciclovir, check blood counts and monitor for didanosine toxicity (pancreatitis, neuropathy). Didanosine doses may need to be reduced. Use EC tablets. Monitor for ganciclovir efficacy.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No significant change in ganciclovir levels. Possible additive haematological toxicity.	No dosage adjustment necessary. Monitor.
Tenofovir	Additive nephrotoxicity.	If possible avoid concurrent use. If concomitant use is unavoidable monitor renal function weekly.
Zidovudine	Additive haematotoxicity.	Avoid combination. If possible, use stavudine instead of zidovudine.
Garlic supplements		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically garlic supplements containing allicin may reduce efavirenz levels.	Until more is known about this potential interaction garlic should be avoided.

	Interaction	Management
Etravirine	Theoretically garlic supplements containing allicin may reduce etravirine levels.	Until more is known about this potential interaction garlic should be avoided.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically garlic supplements containing allicin may reduce protease inhibitor levels.	Until more is known about this potential interaction garlic should be avoided.
Nevirapine	Theoretically garlic supplements containing allicin may reduce nevirapine levels.	Until more is known about this potential interaction garlic should be avoided.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Gemfibrozil		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	In one study lopinavir/ritonavir decreased gemfibrozil AUC by 41%.	Monitor for clinical response.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	Gemfibrozil may increase raltegravir concentrations.	Perform TDM for raltegravir.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Gentian violet		
	No interaction reported.	No dosage adjustment required.
Glibenclamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially decrease glibenclamide concentrations.	Monitor clinical effect and increase glibenclamide dosage if needed.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically ritonavir can increase plasma concentrations of glibenclamide.	Monitor therapeutic effect of glibenclamide and reduce dosage if needed.
Nevirapine	Nevirapine could potentially decrease glibenclamide concentrations.	Monitor clinical effect and increase glibenclamide dosage if needed.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Gliclazide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported, however theoretically efavirenz inhibits the enzyme which breaks down gliclazide, which may result in higher gliclazide levels.	Monitor clinical effect and decrease gliclazide dosage if needed.

	Interaction	Management
Etravirine	No interaction reported, however theoretically etravirine inhibits the enzyme which breaks down gliclazide, which may result in higher gliclazide levels.	Monitor clinical effect and decrease gliclazide dosage if needed.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported. Theoretical possiblity of decreased gliclazide concentrations via ritonavir's potential to induce CYP2C9 of which gliclazide is a substrate.	No dosage adjustment required. Monitor individual response to concomitant therapy.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Griseofulvin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically griseofulvin as an enzyme inducer may decrease plasma levels of efavirenz.	Use with caution.
Etravirine	Theoretically griseofulvin as an enzyme inducer may decrease plasma levels of etravirine.	Use with caution.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically griseofulvin as a liver enzyme inducer may decrease plasma levels of protease inhibitors.	Use with caution.
Nevirapine	Theoretically griseofulvin as a liver enzyme inducer may decrease plasma levels of nevirapine.	Use with caution.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Haemophilus influenzae b, conjugated		
	No kinetic interaction reported.	Immunisation according to usual recommended schedules, however immunisation may be less effective in individuals with HIV infection.
Haloperidol		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially decrease haloperidol exposure.	No dosage adjustment required, but monitor therapeutic effect.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Protease inhibitors may increase serum levels of haloperidol although to a moderate extent.	Use with caution due to the risk of QT interval prolongation reported for both drugs and monitor side effects.
Nevirapine	Nevirapine could potentially decrease haloperidol exposure.	No dosage adjustment required, but monitor therapeutic effect.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	No interaction reported.	No dosage adjustment required.
Hepatitis B, purified antigen		
	No kinetic interaction reported.	Immunisation according to usual recommended schedules, however immunisation may be less effective in individuals with HIV infection.
Hexoprenaline		
	No interaction reported.	No dosage adjustment required.
Hydrochlorothiazide		
	No interaction reported.	No dosage adjustment required.
Hydrocortisone (oral)		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically hydrocortisone levels may be decreased. Efavirenz levels may also be reduced.	Monitor for steroid effect. Ideally, efavirenz levels should be monitored.
Etravirine	Etravirine may decrease hydrocortisone concentrations. Etravirine levels may also be reduced.	A dose adjustment of hydrocortisone may be required. Ideally, etravirine levels should be monitored.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Corticosteroid levels may be increased and protease inhibitor levels may be reduced.	Monitor for steroid effect and consider dose reduction of hydrocortisone. Ideally, protease inhibitor levels should be monitored.
Nevirapine	Theoretically hydrocortisone and nevirapine levels may be reduced.	Monitor for steroid effect and consider increase in hydrocortisone dose. Ideally, nevirapine levels should be monitored.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ibuprofen		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	Theoretically etravirine may increase ibuprofen levels.	Use the lowest recommended dose of ibuprofen especially in high risk patients.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically protease inhibitors may decrease ibuprofen levels.	Monitor effects of ibuprofen.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	Coadministration of NSAIDs and tenofovir may increase the risk of nephrotoxicity in particular if an NSAID is used for a long duration, if the patient has a pre-existing renal dysfunction, has a low body weight, or receives other drugs that may increase tenofovir exposure.	Use with caution and monitor renal function.
Zidovudine	Additive risk of haematological toxicity.	Monitor.
Ifosfamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Efavirenz	Theoretically may reduce efficacy of ifosfamide and increase toxicity.	Use with caution.
Etravirine	Increased risk of ifosfamide toxicity.	Use with caution.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically may reduce efficacy of ifosfamide. Potential for ifosfamide to decrease protease inhibitor levels.	Use with caution.
Nevirapine	Increased risk of ifosfamide toxicity.	Use with caution.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor haematological parameters.
Imipramine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Protease inhibitors could potentially increase imipramine concentrations.	Monitor side effects and consider dose reduction if needed.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Insulin intermediate to long acting		
	No interaction reported.	No dosage adjustment required.
Insulin, biphasic		
	No interaction reported.	No dosage adjustment required.
Insulin, soluble short acting		
	No interaction reported.	No dosage adjustment required.
Interferon-alpha		
Abacavir	Some data suggest lower response rate to pegylated interferon therapy if on abacavir.	Monitor closely for treatment-associated toxicities, especially hepatic decompensation and anaemia.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No significant kinetic interaction.	Monitor closely for treatment-associated toxicities, especially hepatic decompensation.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Similar toxicity profile.	Monitor for treatment-associated toxicities, especially hepatic decompensation.
Tenofovir	Pharmacokinetic interaction unlikely.	Closely monitor for treatment-associated toxicities, especially hepatic decompensation and anaemia.
Zidovudine	Similar toxicity profiles. Interferon-alpha increases zidovudine exposure.	Monitor for haematological toxicity, renal function and for hepatic decompensation.

	Interaction	Management
Iodine		
	No interaction reported.	No dosage adjustment required.
Ipratropium bromide		
	No interaction reported.	No dosage adjustment required.
Iron		
	No interaction reported.	No dosage adjustment required.
Isoniazid		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No kinetic interaction found, but both drugs may cause peripheral neuropathy.	Monitor closely for development of peripheral neuropathy.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No kinetic interaction, but both drugs can cause peripheral neuropathy.	Monitor closely for development of peripheral neuropathy.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Isosorbide dinitrate		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	Inducers of CYP3A4 such as etravirine may increase production of the active substance nitric oxide.	The clinical relevance of this potential interaction is unknown.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically HIV protease inhibitors may reduce production of the active substance nitric oxide, decreasing clinical effect. The clinical relevance of this potential interaction is unknown.	Monitoring for clinical effect of isosorbide dinitrate is advised.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Isotretinoin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially increase isotretinoin level (inhibition 2C8) or decrease isotretinoin level (induction 3A4).	Monitoring of side effects is recommended.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Protease inhibitors could potentially increase isotretinoin concentrations by inhibition of CYP2C8 and CYP3A4.	Monitor therapeutic response and toxicity.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Itraconazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Decreased itraconazole effects.	Administer itraconazole capsules at least 2 hours after didanosine tablets/suspension. Alternatively use itraconazole solution or didanosine EC.
Efavirenz	Itraconazole effects decreased.	Use a safer alternative such as fluconazole.
Etravirine	Etravirine is predicted to decrease itraconazole concentrations, and itraconazole is expected to increase etravirine plasma concentrations.	Use with caution.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Effects of both itraconazole and protease inhibitors may be increased.	High doses of itraconazole (greater than 200 mg/day) are not recommended. Monitor for toxicity. Suggested alternative is fluconazole.
Nevirapine	Itraconazole levels reduced.	Do not coadminister.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Kanamycin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	Kinetic interaction unlikely.	As kanamycin is nephrotoxic (risk is dose and treatment duration related), renal function should be monitored periodically and lamivudine/emtricitabine dosage adjusted accordingly.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	Potential for additive nephrotoxicity.	Avoid concurrent use or monitor renal function weekly if concurrent use unavoidable.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ketoconazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No significant interaction with didanosine EC. With didanosine buffered preparations possible decrease in didanosine effects and decreased ketoconazole absorption.	If didanosine enteric coated capsules are used, no dose adjustment required. If didanosine buffered solution is used administer ketoconazole at least 2 hours prior to or after didanosine tablets or suspension.
Efavirenz	Potential decrease in ketoconazole effects.	Use with caution and monitor efficacy of ketoconazole closely. Safer alternative is fluconazole.
Etravirine	Increased etravirine plasma concentrations and decreased ketoconazole plasma concentrations.	Do not coadminister.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Lopinavir/Atazanavir/Darunavir+ritonavir	Possible increased ketoconazole effects and decreased or increased protease inhibitor effects.	Manufacturer recommends against using high doses of ketoconazole (>200mg daily). Suggested alternative is fluconazole. Unboosted atazanavir does not require a dose adjustment.
Nevirapine	Decreased ketoconazole effects and increased nevirapine effects.	Do not coadminister.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Lactulose		
	No interaction reported.	No dosage adjustment required.
Lamotrigine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Decrease in lamotrigine levels by about 50% due to induction of glucuronidation. For atazanavir alone, no clinically significant interaction would be expected.	Monitor therapeutic effect. An increase in lamotrigine dosage may be required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Lansoprazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported. Theoretically efavirenz may increase lansoprazole levels.	No dosage adjustment required. Monitor patients.
Etravirine	No clinically significant interaction.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically lopinavir/ritonavir may decrease lansoprazole levels. Atazanavir AUC decreased by 94%.	Monitor therapeutic response with lopinavir/ritonavir. Atazanavir: concurrent use not recommended.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Levodopa		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Severe dyskinesias have been reported in combination with indinavir.	Monitor for enhanced levodopa effects, including severe dyskinesias. Doses of levodopa may need to be reduced.

	Interaction	Management
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Levothyroxine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased TSH levels. Look for signs and symptoms of hypothyroidism.	Monitor and adjust levothyroxine as indicated.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Lidocaine (Lignocaine)		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease lidocaine levels.	Monitor closely.
Etravirine	Decreased plasma concentrations of lidocaine.	Use with caution and monitor response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Concentrations of systemic lidocaine may be increased and has the potential to produce serious adverse effects (hypotension, cardiac arrhythmias).	Monitor and adjust lidocaine as indicated.
Nevirapine	Potential decrease in lidocaine levels.	Dose adjustment may be needed due to possible decrease in clinical effect.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Liquid paraffin (mineral oil)		
	Liquid paraffin may impair absorption of many orally administered drugs.	Space at least 2 hours from any other drugs.
Lisinopril		
	No interaction reported.	No dosage adjustment required.
Lithium		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Two case reports of decreased lithium concentrations with atazanavir/ritonavir. Increased risk of QT prolongation.	Use with caution. Monitor lithium levels.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Loperamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No clinically significant interaction.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Ritonavir substantially increases the levels of loperamide, but did not result in opioid CNS effects. Further studies required.	Loperamide dosage reduction may be needed, which should not affect antidiarrhoeal activity which is outside the CNS compartment. Monitor and reduce dosage if needed.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Loratadine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported. Theoretically, efavirenz may decrease the concentration of loratadine.	Monitor patients closely.
Etravirine	Decreased loratadine level.	Monitor therapeutic response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically protease inhibitors may increase levels of loratadine.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Lorazepam		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Theoretically a modest increase in the bioavailability of zidovudine. Concurrent use can increase the incidence of headaches.	If headaches occur, discontinue lorazepam.
Magnesium hydroxide		
Abacavir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Didanosine	Antacids may increase didanosine levels. Additive side effects such as diarrhoea.	Monitor closely and separate doses by as much as possible.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Atazanavir solubility/absorption decreases as pH increases, no interaction with other protease inhibitors.	Atazanavir should be administered 2 hours before or 1 hour after antacids. No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	Raltegravir concentration reduced.	Coadministration not recommended.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Magnesium sulphate		
	No interaction reported.	No dosage adjustment required.
Measles vaccine		
	No kinetic interaction reported.	Immunisation according to usual recommended schedules, however immunisation may be less effective in individuals with HIV infection.
Mebendazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may reduce mebendazole levels. This may be clinically important in patients on high doses for echinococcosis.	Monitor response.
Etravirine	Theoretically etravirine may reduce mebendazole levels. This may be clinically important in patients on high doses for echinococcosis.	Monitor response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	In one small study mebendazole exposure was reduced when coadministered with ritonavir. The effect of administering a ritonavir-boosted protease inhibitor on mebendazole pharmacokinetics is not known.	Monitor response.
Nevirapine	Theoretically nevirapine may reduce mebendazole levels. This may be clinically important in patients on high doses for echinococcosis.	Monitor response.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Medroxyprogesterone acetate (injectable)		
	No interaction reported.	No dosage adjustment required.
Medroxyprogesterone, oral		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically medroxyprogesterone levels may be decreased.	Monitor clinical effect.
Etravirine	Theoretically medroxyprogesterone levels may be decreased.	Monitor clinical effect.

	Interaction	Management
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically concentration of medroxyprogesterone may be decreased.	Monitor clinical effect.
Nevirapine	Theoretically concentration of medroxyprogesterone may be decreased.	Monitor clinical effect.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Mefloquine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Mefloquine decreases steady-state ritonavir exposure. Also, concurrent use may result in an increased risk of QT interval prolongation.	Use with caution, no dosage adjustment recommended.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Metformin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Limited data suggests an increased risk of lactic acidosis.	No dosage adjustment required. Monitor patients clinically.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Limited data suggests an increased risk of lactic acidosis.	No dosage adjustment required. Monitor patients clinically.
Tenofovir	Limited data suggests an increased risk of lactic acidosis.	No dosage adjustment required. Monitor patient clinically.
Zidovudine	No interaction reported.	No dosage adjustment required.
Methotrexate		
Abacavir	No kinetic interaction.	Use with caution in HIV patients and monitor closely.
Didanosine	Additive liver toxicity.	Use with caution in HIV patients and monitor closely.
Efavirenz	No kinetic interaction.	Use with caution in HIV patients and monitor closely.
Etravirine	No kinetic interaction.	Use with caution in HIV patients and monitor closely.
Lamivudine/Emtricitabine	There is potential for competition for active renal transport mechanisms if lamivudine and methotrexate are coadministered, which may lead to increased exposure to either drug and potential for toxicity.	Use with caution in HIV patients and monitor closely.

	Interaction	Management
Lopinavir/Atazanavir/Darunavir+ritonavir	No kinetic interaction.	Use with caution in HIV patients and monitor closely.
Nevirapine	Additive liver toxicity.	Use with caution in HIV patients and monitor closely.
Raltegravir	Kinetic interaction unlikely.	Use with caution in HIV patients and monitor closely.
Stavudine	There is potential for competition for active renal transport mechanisms if stavudine and methotrexate are coadministered, which may lead to increased exposure to either drug, and potential for toxicity. Also, additive hepatotoxicity.	Use with caution in HIV patients and monitor closely.
Tenofovir	There is potential for competition for active renal transport mechanisms if tenofovir and methotrexate are coadministered, which may lead to increased exposure to either drug and potential for toxicity. Methotrexate and tenofovir may both cause renal toxicity, if coadministered, close monitoring of renal function is recommended.	Use with caution in HIV patients and monitor closely.
Zidovudine	Additive haematotoxicity.	Use with caution in HIV patients and monitor closely.
Methyl salicylate		
	No interaction reported.	No dosage adjustment required.
Methyldopa		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Both agents can cause pancreatitis.	Use with caution and monitor closley.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Both agents can cause pancreatitis.	Use with caution and monitor closley.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor closely.
Metoclopramide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No clinically significant interaction.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Metoprolol		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.

	Interaction	Management
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Plasma concentrations of metoprolol may be increased, increasing the risk of cardiovascular and neurological side effects. The interaction cannot be predicted. Potential for additive PR interval prolongation.	Use with caution and monitor the patient for increased side effects of metoprolol and decrease the metoprolol dose if needed.
Nevirapine	No clinically significant interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Metronidazole		
Abacavir	Metronidazole may increase abacavir concentrations due to inhibition of alcohol dehydrogenase.	No dosage adjustment required.
Didanosine	Both drugs may cause peripheral neuropathy.	Monitor closely.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Oral lopinavir/ritonavir solution contains alcohol. Concomitant use may result in disulfiram-like reaction.	Do not coadminister, may consider lopinavir/ritonavir capsules or tablets.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Both drugs may cause peripheral neuropathy.	Monitor closely.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Mianserin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could decrease mianserin concentrations to a moderate extent.	Monitor clinical effect.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically protease inhibitors could increase mianserin concentrations to a moderate extent.	Monitor adverse effects.
Nevirapine	Theoretically nevirapine could decrease mianserin concentrations to a moderate extent.	Monitor clinical effect.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Miconazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No clinically significant interaction.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Midazolam		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Risk of prolonged sedation or respiratory depression.	Avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives. Single dose parenteral administration may be used with caution.
Etravirine	Etravirine, an inducer of CYP3A4, could potentially decrease midazolam exposure.	Monitor clinical effect and withdrawal symptoms.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Midazolam levels may be raised, increasing risk of prolonged sedation, confusion and respiratory depression.	Avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives. Single dose parenteral administration may be used with caution.
Nevirapine	Theoretically nevirapine may decrease levels of midazolam.	Monitor for midazolam effects and withdrawal symptoms when adding nevirapine to patient already on midazolam.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Morphine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could potentially increase morphine concentrations via competition or inhibition of UGT2B7.	Monitor for signs of opiate toxicity.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically lower levels of morphine may be expected.	Monitor response.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Moxifloxacin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Chewable/buffered preparations may interfere with biovailability of moxifloxacin.	Administer moxifloxacin four hours before or eight hours after these formulations of didanosine. Alternatively use EC tablets.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Lopinavir/Atazanavir/Darunavir+ritonavir	Protease inhibitors may result in QT interval prolongation and increased moxifloxacin levels. This may result in additive QT prolongation with moxifloxacin.	Use with caution.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Mycophenolate mofetil		
Abacavir	Abacavir could alter mycophenolate levels.	Concentration monitoring of mycophenolate is recommended.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Mycophenolate mofetil is a prodrug of mycophenolic acid (MPA). MPA undergoes glucuronidation; coadministration of inducers or inhibitors of glucuronidation, such as some PIs and NNRTIs, could alter mycophenolate levels.	Concentration monitoring of mycophenolate is recommended.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Mycophenolate mofetil is a prodrug of mycophenolic acid (MPA). MPA undergoes glucuronidation; coadministration of inducers or inhibitors of glucuronidation, such as some PIs and NNRTIs, could alter mycophenolate levels.	Concentration monitoring of mycophenolate is recommended.
Nevirapine	In one small study nevirapine exposure was reduced moderately (AUC by 13%). Mycophenolate mofetil is a prodrug of mycophenolic acid (MPA). MPA undergoes glucuronidation; coadministration of inducers or inhibitors of glucuronidation, such as some PIs and NNRTIs, could alter mycophenolate levels.	Concentration monitoring of mycophenolate is recommended.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	Concentrations of both substances could be possibly increased due to competition for active tubular secretion. In vitro data suggest that mycophenolic acid (active metabolite) inhibits the renal transporters OAT1/OAT3.	Closely monitor renal function due to the risk of tubular necrosis that may occur with both drugs.
Zidovudine	AZT could alter mycophenolate levels.	Concentration monitoring of mycophenolate is recommended.
Nalidixic acid		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Decreased nalidixic acid serum concentrations when using buffered didanosine preparations.	Use EC didanosine.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Naloxone		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically lower levels of naloxone may be expected.	Monitor response.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Nicotinamide		
	No interaction reported.	No dosage adjustment required.
Nicotinic acid		
	No interaction reported.	No dosage adjustment required.
Nifedipine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically nifedipine concentrations may be decreased.	Dose adjustment may be needed due to possible decrease in clinical effect.
Etravirine	Etravirine, an inducer of CYP3A4, could potentially decrease nifedipine exposure.	Monitor clinical effect and increase dose if needed.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically nifedipine levels may be increased as well as the risk of cardiotoxicty. (prolonged PR interval)	Use with caution. Monitor and adjust nifedipine as indicated.
Nevirapine	Theoretically nevirapine can lower nifedipine levels.	Dose adjustment may be needed due to possible decrease in clinical effect.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Nitrofurantoin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Potential for increased risk of peripheral neuropathy.	Monitor closely for peripheral neuropathy.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Potential for increased risk of peripheral neuropathy.	Monitor closely for peripheral neuropathy.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive myelosuppression.	Monitor haematological parameters.

	Interaction	Management
Norethisterone enanthate		
	No interaction reported.	No dosage adjustment required.
Nystatin		
	No interaction reported.	No dosage adjustment required.
Oestrogens, conjugated		
	No interaction reported.	No dosage adjustment required.
Ofloxacin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Chewable/buffered preparations may interfere with biovailability of ofloxacin.	Administer ofloxacin four hours before or eight hours after these formulations of didanosine. Alternatively use EC tablets.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	Potential decrease in lamivudine/emtricitabine renal elimination as in vitro data suggest that ofloxacin inhibits the renal transporter OCT2.	Monitor for side effects.
Lopinavir/Atazanavir/Darunavir+ritonavir	Protease inhibitors may result in QT interval prolongation and increased ofloxacin levels. This may result in additive QT prolongation with ofloxacin.	Use with caution.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Olanzapine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Olanzapine is metabolized by CYP1A2 (major) and glucuronidation (UGT1A4). Efavirenz has been shown to induce UGT1A4 and could potentially decrease olanzapine exposure.	Monitor the clinical effect and increase dosage if needed.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Olanzapine AUC decreased by 53% by ritonavir, therefore effects may be decreased.	Monitor patients as higher olanzapine dosages may be needed to maintain therapeutic effect.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Omeprazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz halves omeprazole exposure.	Monitor response where a high degree of acid suppression is required.
Etravirine	No clinically significant interaction.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Lopinavir/Atazanavir/Darunavir+ritonavir	Potential for an increase in omeprazole metabolism. Atazanavir: 94% reduction in AUC of atazanavir.	Monitor therapeutic response with darunavir/lopinavir/ritonavir. Atazanavir: concurrent use not recommended.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	Raltegravir exposure (AUC) increased 3 fold.	Clinical relevance unknown, UK and US manufacturers no dosage adjustment.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Orciprenaline		
	No interaction reported.	No dosage adjustment required.
Orphenadrine		
	No interaction reported.	No dosage adjustment required.
Oxazepam		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No clinically significant interaction.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	A modest increase in the bioavailability of zidovudine. Concurrent use can increase the incidence of headaches.	If headaches occur, discontinue oxazepam.
Oxymetazoline		
	No interaction reported.	No dosage adjustment required.
Oxytocin		
	No interaction reported.	No dosage adjustment required.
Paclitaxel		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Possible additive peripheral neuropathy.	Use with caution and monitor closely.
Efavirenz	Possible increase in paclitaxel levels due to inhibition of CYP2C8.	Use with caution and monitor paclitaxel induced toxicity.
Etravirine	Potential moderate decrease in paclitaxel exposure. Also potential decrease in etravirine concentrations.	Monitor response to antiretroviral therapy.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Possible increase in paclitaxel levels and toxicity with increased risk and severity of myelosuppression, constitutional symptoms and peripheral neuropathy.	Use with caution and monitor closely for paclitaxel toxicity.
Nevirapine	Possible decrease in paclitaxel levels. In one patient no pharmacokinetic interaction was found.	Monitor response.
Raltegravir	Potential reduction of raltegravir concentration.	Monitor response to antiretroviral therapy.
Stavudine	Possible additive peripheral neuropathy.	Use with caution and monitor closely.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Possible additive haematotoxicity.	Monitor FBC closely.

	Interaction	Management
Paracetamol		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	One case report of hepatotoxicity.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No clinically significant interaction.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Some reports of increased haematological and hepatotoxicity, but clinical importance unclear from available data.	No dosage adjustment required.
Perindopril		
	No interaction reported.	No dosage adjustment required.
Permethrin		
	No interaction reported.	No dosage adjustment required.
Pethidine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz induces CYP2B6 and CYP3A4 which could potentially increase concentrations of norpethidine. Norpethidine has analgesic and CNS stimulant activity which may increase the risk of CNS effects (e.g. seizures). There is a risk of toxicity with long term therapy.	Monitor for toxicity.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Decreased pethidine AUC but increased AUC of norpethidine (a neurotoxic metabolite).	Long term use of pethidine and PIs is not recommended due to the increased concentration of norpethidine which may increase the risk of seizures. Some sources recommend avoiding concurrent use.
Nevirapine	Nevirapine induces CYP2B6 and CYP3A4 and could potentially increase concentrations of norpethidine. There is a risk of toxicity with long term therapy.	Use with caution and avoid long term use.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Phenobarbital (phenobarbitone)		
Abacavir	Possible slight decrease in abacavir concentrations due to induction of UDP-glucuronyltransferases.	Monitor response.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible decrease in efavirenz and phenobarbital concentrations.	Avoid combination. Safer alternatives are valproic acid or lamotrigine.
Etravirine	Decreased etravirine concentrations.	Avoid combination. Safer alternatives are valproic acid or lamotrigine.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Lopinavir/Atazanavir/Darunavir+ritonavir	Phenobarbital induces CYP3A4 and may decrease protease inhibitor concentrations.	Avoid combination. Safer alternatives are valproic acid or lamotrigine (may require higher dose).
Nevirapine	Possible decrease in nevirapine levels.	Avoid combination. Safer alternatives are valproic acid or lamotrigine.
Raltegravir	The impact of phenobarbital on UGT1A1 is unknown.	Monitor antiviral efficacy closely.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	May decrease zidovudine concentrations as phenobarbital has been shown to induce zidovudine glucuronidation by 4-fold in rats.	Monitor response.
Phenoxymethylpenicillin		
	No interaction reported.	No dosage adjustment required.
Phenytoin		
Abacavir	Slight decrease in plasma concentration of abacavir.	Monitor response.
Didanosine	Possible increased risk of peripheral neuropathy.	Monitor closely.
Efavirenz	Theoretically there is the potential for reduction or increase in the plasma concentrations of phenytoin and decrease in efavirenz concentrations.	Avoid combination. Safer alternatives are valproic acid or lamotrigine.
Etravirine	Decreased etravirine concentrations.	Avoid combination. Safer alternatives are valproic acid or lamotrigine.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Possible decrease in protease inhibitor and phenytoin concentrations.	Avoid combination. Safer alternatives are valproic acid or lamotrigine (may require higher dose).
Nevirapine	Potential for decreased nevirapine concentrations.	Avoid combination. Safer alternatives are valproic acid or lamotrigine.
Raltegravir	Impact of phenytoin on UGT1A1 is unknown.	Monitor antiviral efficacy closely.
Stavudine	Possible increased risk of peripheral neuropathy.	Monitor closely.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Moderated decrease in AZT clearance and altered phenytoin levels.	Monitor FBC for AZT toxicity and monitor phenytoin levels.
Pilocarpine		
	No interaction reported.	No dosage adjustment required.
Pimozide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Concurrent use may result in an increased risk of cardiac arrhythmias.	Do not coadminister.
Etravirine	Etravirine may decrease pimozide levels.	Monitor response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased pimozide effects such as cardiac arrhythmias are possible.	Do not coadminister.
Nevirapine	Theoretically nevirapine may decrease pimozide levels.	Monitor response closely.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	No interaction reported.	No dosage adjustment required.
Piroxicam		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported, but theoretically efavirenz could increase piroxicam levels.	Monitor for side effects of piroxicam, especially GI and CNS.
Etravirine	No interaction reported, but theoretically piroxicam levels could be slightly increased.	Monitor for adverse effects.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Modest reduction in piroxicam levels possible.	Dose adjustment unlikely.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	Additive nephrotoxicity has been reported with NSAIDs.	Use with caution and monitor renal function.
Zidovudine	No interaction reported.	No dosage adjustment required.
Polio Vaccine, oral		
	No kinetic interaction reported.	Immunisation according to usual recommended schedules, however immunisation may be less effective in individuals with HIV infection. Also, risks attached to live vaccines in immunocompromised patients should be considered.
Povidone-iodine		
	No interaction reported.	No dosage adjustment required.
Pravastatin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz administration resulted in a median 40% decrease in pravastatin exposure.	Monitor response. Pravastatin dose may need to be increased.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No clinically significant interaction with lopinavir/ritonavir. However with darunavir/ritonavir AUC increased by 81%, but an up to 5-fold increase was seen in a limited subset of subjects.	No dosage adjustment required for lopinavir/ritonavir. For darunavir/ritonavir it is recommended to start with the lowest possible dose of pravastatin and titrate it up to the desired clinical effect while monitoring for safety.
Nevirapine	Slight reduction in pravastatin exposure possible.	Monitor response.
Raltegravir	Pravastatin appears to reduce the minimum concentration of raltegravir by 41%. AUC increased by 13%. Unlikely to be clinically important.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Praziquantel		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Efavirenz	Theoretically efavirenz may decrease praziquantel levels.	Monitor response.
Etravirine	Theoretically etravirine may decrease praziquantel exposure.	Monitor response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically protease inhibitors may increase praziquantel exposure.	Monitor for praziquantel adverse events.
Nevirapine	Theoretically nevirapine may lower praziquantel levels.	Monitor for effectiveness of praziquantel.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Precipitated sulphur		
	No interaction reported.	No dosage adjustment required.
Prednisone		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	One small study shows a shorter half-life of prednisolone, AUC decreased by 21-40%. Also, efavirenz levels may be reduced.	Monitor for steroid and efavirenz effect.
Etravirine	Theoretically prednisone and etravirine levels may be reduced.	Monitor therapeutic response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Combination of prednisone and ritonavir resulted in approximately 30% increase in prednisolone levels. Theoretically, protease inhibitor levels may be reduced.	Monitor for steroid effect and consider dose reduction for systemic corticosteroids. Ideally, protease inhibitor levels should be monitored.
Nevirapine	Theoretically corticosteroid and nevirapine levels may be reduced.	Monitor for steroid effect and consider dose increase of corticosteroids. Ideally, nevirapine levels should be monitored.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Prochlorperazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically ritonavir may increase prochlorperazine levels.	Monitor for adverse events and lower dose of prochlorperazine if required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor FBC.
Promethazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretical interaction possibly resulting in increased promethazine levels. Increased risk of QT interval prolongation.	Monitor adverse events of promethazine.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Propafenone		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz theoretically can decrease propafenone levels.	Closely monitor response and adjust dose accordingly.
Etravirine	Concentrations of propafenone may be decreased.	Use with caution. Drug concentration monitoring is recommended, if available.
Lamivudine/Emtricitabine	No interaction found.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Propafenone levels may be increased. In addition, propafenone may increase ritonavir levels. Increased risk of QT interval prolongation and torsade de pointes.	Do not coadminister.
Nevirapine	Theoretically nevirapine may lower propafenone levels via enzyme induction.	Monitor response and increase dose of propafenone if required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Propranolol		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Protease inhibitors may increase propranolol levels although to a moderate effect. Potential for additive PR prolongation.	Use with caution and clinical monitoring recommended.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Pyrazinamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Possible increase in pyrazinamide exposure and risk of arthralgia.	No dosage adjustment required but monitoring for side effects suggested.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.

	Interaction	Management
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Limited evidence suggests that zidovudine may lower pyrazinamide levels.	Clinical significance unknown.
Pyridoxine		
	No interaction reported.	No dosage adjustment required.
Quetiapine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible decrease in quetiapine levels.	Monitor response and increase dose if needed.
Etravirine	Etravirine may decrease quetiapine levels.	Monitor response and increase dose if needed.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically quetiapine levels may be raised due to inhibition of CYP3A4-mediated quetiapine metabolism by protease inhibitors. Serious quetiapine adverse effects have been reported.	Some sources state that concomitant use is contraindicated, while others recommend use with extreme caution and that quetiapine should be reduced to one sixth of the original dose.
Nevirapine	Possible decrease in quetiapine levels.	Monitor response and increase dose if needed.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Quinapril		
	No interaction reported.	No dosage adjustment required.
Quinidine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz can decrease quinidine levels.	Monitor response, drug concentration monitoring is recommended if available.
Etravirine	Concentrations of quinidine may be decreased.	Drug concentration monitoring is recommended, if available.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Coadministration may result in increased quinidine levels and an increase of the associated cardiac adverse effects. Increased risk of QT interval prolongation.	Caution is warranted and therapeutic concentration monitoring is recommended when available.
Nevirapine	Theoretically nevirapine can lower quinidine levels.	Monitor response and drug concentration monitoring is recommended if available.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Quinine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported. Theoretically efavirenz can decrease quinine levels due to induction of CYP3A4.	Monitor response. If possible monitor quinine levels.

	Interaction	Management
Etravirine	Possible decreased exposure to quinine.	Monitor response. If possible monitor quinine levels.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	With ritonavir alone the AUC of quinine increased 4-fold and half life increased by 20%. Also, increased risk of QT interval prolongation. The combination of lopinavir/ritonavir reduced the AUC of quinine by 50%.	Use with caution. Monitor closely for adverse effects. If possible monitor quinine levels.
Nevirapine	Possible decrease in quinine levels.	Monitor response. If possible monitor quinine levels.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Rabies immunoglobulin		
	No interaction reported.	No dosage adjustment required.
Rabies, inactivated whole virus		
	No interaction reported.	No dosage adjustment required.
Ramipril		
	No interaction reported.	No dosage adjustment required.
Ranitidine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No clinically significant interaction.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No clinically significant interaction.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No clinically significant interaction with lopinavir/ritonavir/darunavir. Atazanavir absorption significantly reduced.	No dosage adjustment required with lopinavir/ritonavir/darunavir. Avoid use with atazanavir or if essential consult the HIV hotline.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Retinol		
	No interaction reported.	No dosage adjustment required.
Ribavirin		
Abacavir	Increased risk of lactic acidosis. Some data suggest a risk of a lower response rate to pegylated interferon/ribavirin therapy.	Use with caution.
Didanosine	Mitochondrial toxicity substantially increased. (i.e.pancreatitis, hyperlactatemia, lactic acidosis, peripheral neuropathy and hepatic failure).	Avoid combination if at all possible. Monitor patients closely for didanosine related toxicities if combined.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	Increased risk of lactic acidosis and hepatic decompensation.	Use combination with caution only if the potential benefit outweighs the risks.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Increased risk of lactic acidosis and hepatic decompensation.	Use combination with caution only if the potential benefit outweighs the risks.
Tenofovir	Increased risk of lactic acidosis.	Use with caution.
Zidovudine	Increased risk for developing lactic acidosis, hepatic decompensation, neutropaenia and anaemia.	Avoid combination if at all possible. Monitor closely for lactic acidosis, hepatic decompensation, neutropaenia and anaemia.
Rifabutin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Possible decreased rifabutin levels with buffered didanosine.	Separate once daily buffered didanosine from rifabutin by at least 2 hours to avoid interaction.
Efavirenz	Decreased rifabutin effects.	Increase rifabutin to 450mg/day or 600 mg three times per week with concomitant efavirenz.
Etravirine	Etravirine AUC decreased 37%.	No dosage adjustment required, unless coadministered with a boosted PI. With boosted PI: caution and monitoring recommended and the US guidelines suggest etravirine and rifabutin should not be coadministerd with boosted darunavir, lopinavir or saquinavir.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Significantly increased rifabutin levels.	Reduce rifabutin dose to 150mg every other day and monitor for adverse events such as neutropaenia and uveitis.
Nevirapine	No clinically significant interaction in most patients. Some patients may experience large increases in rifabutin exposure and may experience toxicity.	Use with caution. No dosage adjustment required.
Raltegravir	Raltegravir minimum concentration reduced by 20%. AUC and maximum plasma concentration increased by 19% and 39% respectively. Unlikely to be clinically important.	No dosage adjustment required.
Stavudine	No significant interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Slight decrease in AZT levels.	No dosage adjustment recommended, but monitor effects of AZT.
Rifampicin		
Abacavir	Slight decrease in plasma concentration of abacavir.	Monitor response.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz AUC reduced by 26%.	No dosage adjustment currently recommended.
Etravirine	Decreased etravirine concentrations.	Contraindicated.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Rifampicin reduces atazanavir, darunavir and lopinavir levels. Increases ALT/AST.	Dosage adjustment required. Monitor liver function. Adults: The dose of lopinavir/ritonavir should be doubled slowly over 2 weeks (to 800/200mg bd). Monitor ALT monthly while on double-dose. Children: Extra ritonavir should be added at a dose of 0.75X the volume of the lopinavir/ritonavir dose. (See Paediatric dosing table) Avoid concurrent use with atazanavir and darunavir as dose adjustment not established.

	Interaction	Management
Nevirapine	Decreased nevirapine levels. (AUC decreased by 58%)	For adults and children over 3 years old and over 10kg, switch to efavirenz if possible. If switch not possible, then consider monitoring trough nevirapine levels and adjusting dose accordingly. Monitor liver function closely.
Raltegravir	Raltegravir AUC and minimum plasma concentration decreased by 40% and 61% respectively.	Although the manufacturer states that doubling of raltegravir dose to 800mg bd can be considered, a clinical trial has shown that a dose adjustment may not be necessary. Monitor virological response closely. No data in children.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Reduced levels of zidovudine. (AUC decreased by 47%)	Monitor efficacy closely.
Risperidone		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may decrease risperidone concentrations.	No dosage adjustment required, but monitor therapeutic effect.
Etravirine	Etravirine may decrease risperidone concentrations.	No dosage adjustment is required, but monitor therapeutic response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Potential increase in risperidone levels.	A decrease of the risperidone dose may be needed. Careful monitoring of therapeutic and adverse effects is recommended.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Roxythromycin		
	No interaction reported.	No dosage adjustment required.
Salbutamol		
	No interaction reported.	No dosage adjustment required.
Senna glycosides		
	No interaction reported.	No dosage adjustment required.
Sildenafil		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease sildenafil levels.	The efficacy of sildenafil should be closely monitored and dose adjustments may be required.
Etravirine	AUC of sildenafil decreased by 37%.	Monitor response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Protease inhibitors substantially increase sildenafil concentrations.	Avoid combination if possible. If coadministration is absolutely necessary, do not take more than 25mg of sildenafil within a 48 hour period. Monitor for adverse effects such as hypotension, syncope, visual changes and prolonged erection.
Nevirapine	Theoretically nevirapine may decrease sildenafil levels.	Titrate sildenafil dose based on patient response and tolerability.
Raltegravir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Simvastatin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz significantly reduces the concentrations of simvastatin.	Patients should be closely monitored for anti-lipid activity and the simvastatin dose may need to be increased.
Etravirine	Decreased simvastatin exposure.	Monitor response. Dose adjustments for simvastatin may be needed.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Significantly increased simvastatin levels.	Do not coadminister due to an increased risk of myopathy including rhabdomyolysis.
Nevirapine	Potential for decreased concentrations of simvastatin due to enzyme induction by nevirapine.	Patients should be closely monitored for anti-lipid activity and the simvastatin dose may need to be increased.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Sirolimus		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may markedly reduce sirolimus levels in some patients.	Monitor sirolimus levels and adjust dose accordingly.
Etravirine	Sirolimus plasma concentrations may be decreased.	More frequent therapeutic concentration monitoring is required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Sirolimus levels may be markedly increased when coadministered with protease inhibitors.	More frequent therapeutic concentration monitoring is required.
Nevirapine	Potential decrease in sirolimus plasma concentrations, although in one case series no changes were observed.	More frequent therapeutic concentration monitoring is required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	Additive tubular (renal) toxicity.	Use with caution and monitor renal function.
Zidovudine	No interaction reported.	No dosage adjustment required.
Spironolactone		
	No interaction reported.	No dosage adjustment required.
St John's wort		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	St John's wort may reduce the plasma concentrations and clinical effects of efavirenz.	Avoid combination.
Etravirine	Etravirine levels may be decreased.	Avoid combination.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	St John's wort may reduce the plasma concentrations and clinical effects of protease inhibitors.	Avoid combination.

	Interaction	Management
Nevirapine	St John's wort may reduce the plasma concentrations and clinical effects of nevirapine.	Avoid combination.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Streptokinase		
	No interaction reported.	No dosage adjustment required.
Streptomycin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	Additive nephrotoxicity.	Avoid combination if possible. Monitor renal function weekly if concurrent use unavoidable.
Zidovudine	No interaction reported.	No dosage adjustment required.
Sulfadoxine/Pyrimethamine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Pyrimethamine needs an acidic pH for absorption.	Administer 2 hours before or 1 hour after didanosine.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	Pyrimethamine could potentially decrease lamivudine renal elimination as in vitro data suggest that pyrimethamine inhibits the renal transporters OCT2 and MATE1.	No dosage adjustment required, but monitor for side effects.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically pyrimethamine may increase ritonavir levels.	No dosage adjustment required. Monitor for increased ritonavir side effects.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Increased risk of haematotoxicity.	Monitor FBC closely.
Sulphasalazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	Additive haematotoxicity.	Monitor FBC.
Tacrolimus		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may reduce tacrolimus levels in some patients.	Monitor tacrolimus levels and adjust dosage as required.
Etravirine	Etravirine may reduce tacrolimus levels in some patients.	Monitor tacrolimus levels and adjust dosage as required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Tacrolimus concentrations may be increased significantly when coadministered with protease inhibitors.	More frequent therapeutic concentration monitoring is recommended until plasma levels of tacrolimus have been stabilised.
Nevirapine	Potentially tacrolimus levels may be reduced.	Monitor tacrolimus levels and adjust dosage as required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	Additive nephrotoxicity.	Monitor renal function weekly or consider alternative antiretroviral.
Zidovudine	No interaction reported.	No dosage adjustment required.
Tamoxifen		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically tamoxifen active metabolite levels may be increased.	Use with caution and monitor efficacy and toxicity.
Etravirine	Theoretically tamoxifen active metabolite levels may be increased.	Use with caution and monitor efficacy and toxicity.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Potential decrease of tamoxifen efficacy by inhibiting conversion to active metabolite.	Use with caution.
Nevirapine	Theoretically tamoxifen levels may be decreased and active metabolite levels increased.	Use with caution and monitor efficacy and toxicity.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Tamsulosin		
	No interaction reported.	No dosage adjustment required.
Tetanus immunoglobulin		
	No interaction reported.	No dosage adjustment required.
Tetanus toxoid		
	No interaction reported.	No dosage adjustment required.
Tetracaine		
	No interaction reported.	No dosage adjustment required.
Tetracyclines		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Possibility of decreased tetracycline levels due to chelation.	Didanosine chewable/dispersible tablets should not be co-adminstered with tetracycline antibiotics.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Theophylline		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No clinically significant interaction.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Possible decrease in theophylline levels.	Monitor theophylline levels and increase theophylline dosage as indicated.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Thiamine		
	No interaction reported.	No dosage adjustment required.
Timolol		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically ritonavir may increase the levels of timolol. Also additive risk of PR prolongation.	Monitor for signs of increased timolol levels (hypotension, bradycardia) and adjust dose if required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Tramadol		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially reduce tramadol exposure but may not affect the metabolic pathway leading to the more potent active metabolite.	No initial dosage adjustment required, but monitor analgesic effect.
Etravirine	No interaction reported.	Monitor analgesic effect.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Protease inhibitors may increase tramadol exposure but also reduce the conversion to the more potent active metabolite.	Monitor tramadol related side effects and the analgesic effect. Adjust tramadol dosage if needed.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Trazodone		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically trazodone levels could be decreased.	Monitor response and adjust trazodone dose accordingly.
Etravirine	Theoretically trazodone levels may be decreased.	Monitor response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Increased trazodone concentrations with increased effects such as nausea, hypotension and syncope.	Use with caution. If benefit outweighs risk initiate trazodone at a lower dose.
Nevirapine	Theoretically trazodone levels could be lowered.	Monitor response.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Triazolam		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may increase or decrease triazolam levels.	Avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives.
Etravirine	Etravirine could potentially decrease triazolam exposure.	Monitor clinical effect and withdrawal symptoms.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically protease inhibitors can significantly increase triazolam levels.	Avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives.
Nevirapine	Possible decrease in triazolam concentration, resulting in withdrawal symptoms.	Monitor patient for symptoms of withdrawal and adjust dosage if needed.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Trifluoperazine		
	No interaction reported.	No dosage adjustment required.
Trimethoprim/sulfamethoxazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No clinically significant kinetic interaction, but additive risk for developing pancreatitis.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	Possible increase in lamivudine/emtricitabine exposure.	No dosage adjustment required, unless renal impairment present. Co-administration of lamivudine/emtricitabine with high doses of co-trimoxazole for the treatment of Pneumocystis carinii pneumonia (PCP) and toxoplasmosis should be avoided.
Lopinavir/Atazanavir/Darunavir+ritonavir	No clinically significant interaction.	No dosage adjustment required.

	Interaction	Management
Nevirapine	No clinically significant kinetic interaction. Combination may increase risk of rash.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Potential interaction due to competition for active renal secretion as well as additive risk for developing pancreatitis.	No dosage adjustment required. Monitor for side effects.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Possible increased risk of AZT toxicity. May be more pronounced in hepatic failure.	Monitor for AZT toxicity.
Valproic acid		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Additive risk of fatty liver.	No dosage adjustment required. Monitor liver function.
Efavirenz	No significant kinetic interaction between valproate and efavirenz.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
Lamivudine/Emtricitabine	Additive risk of fatty liver.	No dosage adjustment required. Monitor liver function.
Lopinavir/Atazanavir/Darunavir+ritonavir	Lopinavir levels increased and valproic acid concentrations may be decreased (induction of glucuronidation by ritonavir).	No dosage adjustment required. Increased monitoring for lopinavir/ritonavir toxicity (lipid profile and glucose). Careful monitoring of valproate concentrations and/or therapeutic effect is recommended.
Nevirapine	No interaction reported.	No dosage adjustment required.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Additive risk of fatty liver.	No dosage adjustment required. Monitor liver function.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Valproic acid inhibits breakdown of zidovudine resulting in increased zidovudine effects (AUC increased by 80%) Additive risk of fatty liver.	Monitor closely for AZT toxicity and consider dose reduction to 200mg bd if necessary. Monitor liver function.
Verapamil		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease the concentrations of verapamil.	Monitor therapeutic effect closely and adjust dose accordingly.
Etravirine	Theoretically etravirine may decrease the concentrations of verapamil.	Monitor therapeutic effect closely and adjust dose accordingly.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Potential for significant elevation of verapamil serum levels and additive PR prolongation.	Combination best avoided and careful monitoring of therapeutic and adverse effects is recommended if administered concomitantly.
Nevirapine	Potential for decrease in verapamil levels.	Monitor therapeutic effect closely and adjust dose accordingly.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Vincristine		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Both drugs may cause peripheral neuropathy.	Avoid combination if possible, monitor closely if used concomitantly.

	Interaction	Management
Efavirenz	Theoretically efavirenz may decrease vincristine levels.	Monitor closely for reduced effectiveness of vincristine.
Etravirine	Potential decrease in vincristine exposure.	Monitor response.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Theoretically protease inhibitors may increase the levels of vincristine. An increased risk of neurotoxicity has been observed in studies.	Patients should be closely monitored for the signs and symptoms of sensory and autonomic neuropathy, and dosage adjustments made as needed.
Nevirapine	Theoretically nevirapine may reduce vincristine levels.	Monitor closely for reduced effectiveness of vincristine.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	Both drugs may cause peripheral neuropathy.	Avoid combination if possible, monitor closely if used concomitantly.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive myelosuppression.	Monitor closely.
Vitamin A (Retinol)		
	No interaction reported.	No dosage adjustment required.
Vitamin B-complex		
	No interaction reported.	No dosage adjustment required.
Vitamin C (Ascorbic acid)		
	No interaction reported.	No dosage adjustment required.
Vitamin K		
	No interaction reported.	No dosage adjustment required.
Voriconazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased efavirenz effects and significantly decreased voriconazole effects.	Voriconazole maintenance dose must be increased to 400mg bd and EFV dose should be decreased by 50%. When treatment with voriconazole is stopped, the initial dosage of efavirenz should be restored.
Etravirine	Etravirine AUC increased by 36%; voriconazole AUC increased by 14%.	No dosage adjustment required.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Potential decrease or increase in voriconazole levels and increase in lopinavir/ritonavir levels. Levels of unboosted atazanavir may be increased.	Avoid combination unless benefit outweighs risk. Unboosted atazanavir may be used with caution.
Nevirapine	Theoretically voriconazole levels may be reduced and nevirapine levels increased.	Monitor patients closely.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Warfarin		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Warfarin levels may be increased or decreased increasing the risk of bleeding or clotting.	Monitor INR and adjust warfarin as indicated.
Etravirine	Etravirine is expected to increase plasma concentrations of warfarin.	Monitor INR closely.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Lopinavir/Atazanavir/Darunavir+ritonavir	Warfarin levels may be increased or decreased increasing the risk of bleeding or clotting.	Monitor INR and adjust warfarin as indicated.
Nevirapine	Possibility of decreased or increased warfarin levels.	Monitor INR and adjust warfarin as indicated.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Zinc Oxide		
	No interaction reported.	No dosage adjustment required.
Zolpidem		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible decrease in zolpidem concentration.	Monitor clinical effect and withdrawal symptoms.
Etravirine	Etravirine could potentially decrease zolpidem exposure.	Monitor clinical effect and withdrawal symptoms.
Lamivudine/Emtricitabine	No interaction reported.	No dosage adjustment required.
Lopinavir/Atazanavir/Darunavir+ritonavir	Potential increase in zolpidem exposure, resulting in risk of increased and prolonged sedation.	Monitor carefully for sedation. Dose decrease of zolpidem may be necessary.
Nevirapine	Possible decrease in zolpidem concentration.	Monitor response. Patients on long-term zolpidem may show withdrawal symptoms after nevirapine is commenced. Lorazepam, oxazepam and temazepam are safer alternatives.
Raltegravir	No interaction reported.	No dosage adjustment required.
Stavudine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Zuclopenthixol		
	No interaction reported.	No dosage adjustment required.