



## **EDL-ANTIRETROVIRALS INTERACTIONS TABLE**

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**MEDICINES INFORMATION CENTRE  
DIVISION OF CLINICAL PHARMACOLOGY  
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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, Ekhardt 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](http://www.hiv-druginteraction.org)
3. Toronto General Hospital Immunodeficiency Clinic: [www.tthivclinic.com](http://www.tthivclinic.com)
4. [www.hivinsite.com](http://www.hivinsite.com)
5. Baxter K, ed. *Stockley's Drug Interactions*. 10<sup>th</sup> 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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	<b>Interaction</b>	<b>Management</b>
<b>ACE Inhibitor</b>	No interaction reported.	No dosage adjustment required.
<b>Acetazolamide</b>		
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.
<b>Acetylcysteine</b>	No interaction reported.	No dosage adjustment required.
<b>Aciclovir</b>		
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.
<b>Activated Charcoal</b>	May prevent absorption of antiretroviral.	Do not take antiretroviral for 2 hours before or 2 hours after having taken activated charcoal.
<b>Adrenaline</b>	No interaction reported.	No dosage adjustment required.
<b>Albendazole</b>		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	No interaction reported.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Efavirenz</b>	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.
<b>Etravirine</b>	Theoretically levels of the active metabolite albendazole sulfoxide may be reduced.	Monitor clinical effect of albendazole.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically levels of the active metabolite albendazole sulfoxide may be reduced.	Monitor clinical efficacy of albendazole.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Additive bone marrow suppression.	Monitor FBC every two weeks.
<b>Alfentanil</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Potential decrease in alfentanil concentration.	Monitor for effectiveness of alfentanil.
<b>Etravirine</b>	Etravirine may decrease alfentanil level.	Monitor response.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Potential increase in alfentanil concentration.	Monitor closely for increased respiratory depression and adjust dose of alfentanil if needed.
<b>Nevirapine</b>	Potential decrease in alfentanil concentration.	Monitor response and adjust dose if needed.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Alfuzosin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	Potential decrease in alfuzosin exposure.	Monitor clinical effect and increase dosage if needed.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Increased plasma concentrations of alfuzosin.	Contraindicated.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Alimemazine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.

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

	<b>Interaction</b>	<b>Management</b>
<b>Amikacin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	Amikacin is nephrotoxic.	Monitor renal function periodically and adjust lamivudine dosage accordingly.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Amikacin is nephrotoxic.	Monitor renal function periodically and adjust stavudine dosage accordingly.
<b>Tenofovir</b>	Potential for additive nephrotoxicity.	Avoid if possible or monitor renal function weekly if concurrent use unavoidable.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Amiodarone</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	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.
<b>Etravirine</b>	Etravirine is expected to decrease plasma concentrations of amiodarone.	Caution is warranted and therapeutic concentration monitoring, if available, is recommended.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Potential for decrease in amiodarone plasma concentrations.	Dose adjustment of amiodarone may be needed due to possible decrease in clinical effect.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Amitriptyline</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.

**Interaction****Management****Amlodipine**

<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically amlodipine levels may be decreased.	Monitor effect closely and increase dose of amlodipine if needed.
<b>Etravirine</b>	Potential decrease in amlodipine exposure.	Monitor clinical effect and increase dose of amlodipine if needed.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically amlodipine levels may be reduced.	Monitor effect closely and increase dose of amlodipine if needed.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.

**Amoxicillin**

No interaction reported. No dosage adjustment required.

**Amphotericin B**

<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Amphotericin is nephrotoxic.	Renal function should be monitored and didanosine dosage adjusted accordingly.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	Amphotericin B is nephrotoxic.	Renal function should be monitored and lamivudine dosage adjusted accordingly.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Amphotericin B is nephrotoxic.	Renal function should be monitored and stavudine dosage adjusted accordingly.
<b>Tenofovir</b>	Additive nephrotoxicity.	Avoid concurrent use if possible. Monitor renal function weekly if concomitant use is unavoidable.
<b>Zidovudine</b>	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**

<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Efavirenz decreases artemether and lumefantrine levels.	Monitor for efficacy.
<b>Etravirine</b>	Artemether AUC: decreased by 38%; Lumefantrine AUC: decreased by 13%	Monitor response.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Decreased artemether/DHA exposure. Increased AUC of lumefantrine.	Use with caution and monitor for toxicity and efficacy.
<b>Nevirapine</b>	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.

	<b>Interaction</b>	<b>Management</b>
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Aspirin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	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.
<b>Zidovudine</b>	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.
<b>Atenolol</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Atorvastatin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	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.
<b>Etravirine</b>	Etravirine slightly lowers atorvastatin exposure.	Monitor response.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Markedly increased levels of atorvastatin (5-fold).	Avoid combination if possible. May consider low dose atorvastatin or normal dose pravastatin, monitor for myopathy.



	<b>Interaction</b>	<b>Management</b>
<b>Nevirapine</b>	Potential for decreased concentrations of atorvastatin due to enzyme induction by nevirapine.	Monitor therapeutic response.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Atovaquone</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Efavirenz</b>	Atovaquone AUC decreased by 75%.	Dose adjustment not established.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Possible reduction of atovaquone levels.	Use with caution. Monitor response.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Increased zidovudine effects possible due to inhibition of glucuronidation by atovaquone.	No dose adjustment required. Monitor for AZT toxicity.
<b>Atropine</b>		
	No interaction reported.	No dosage adjustment required.
<b>Aurothioglucose</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Both drugs may cause peripheral neuropathy.	Avoid combination where possible, monitor closely for peripheral neuropathy.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Both drugs may cause peripheral neuropathy.	Avoid combination where possible, monitor closely for peripheral neuropathy.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Azithromycin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Increased risk of QT interval prolongation.	No dosage adjustment required. Monitor.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	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 dipropionate (160 mg twice daily) decreased the AUC and C<sub>max</sub> 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.

	<b>Interaction</b>	<b>Management</b>
<b>Efavirenz</b>	Theoretically betamethasone levels may be reduced and efavirenz levels may be reduced.	Monitor for steroid effect. Ideally, efavirenz levels should be monitored.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically betamethasone and nevirapine levels may be reduced.	Monitor for steroid effect and consider dose increase of corticosteroid. Ideally, nevirapine levels should be monitored.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Biperiden</b>	No interaction reported.	No dosage adjustment required.
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<b>Budesonide</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically oral budesonide levels may be decreased. Theoretically, efavirenz levels may be decreased.	Monitor for steroid effect. Ideally, efavirenz levels should be monitored.
<b>Etravirine</b>	Theoretically oral budesonide and etravirine levels may be decreased.	Monitor therapeutic outcome.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically budesonide and nevirapine levels may be reduced if oral budesonide is used.	Monitor for steroid effect. Ideally, nevirapine levels should be monitored.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Bupivacaine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Possible increased bupivacaine concentrations.	Monitor for increased or prolonged therapeutic and adverse reactions.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.

	Interaction	Management
<b>Bupropion</b>		
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.
<b>Calcium gluconate</b>		
	No interaction reported.	No dosage adjustment required.
<b>Captopril</b>		
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.
<b>Carbamazepine</b>		
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.

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

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

	<b>Interaction</b>	<b>Management</b>
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Chlorpromazine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	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.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretical interaction resulting in increased chlorpromazine levels.	Use with caution due to the risk of QT interval prolongation reported for both drugs.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Additive haematological toxicity.	Monitor FBC.
<b>Cilazapril</b>		
	No interaction reported.	No dosage adjustment required.
<b>Cimetidine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	May increase didanosine levels.	Monitor for didanosine toxicity.
<b>Efavirenz</b>	No drug interaction reported, but theoretically cimetidine could increase efavirenz levels.	No dosage adjustment required, but monitor for side effects of efavirenz.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Inhibition of AZT clearance.	No dosage adjustment required.
<b>Ciprofloxacin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	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.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Increased risk of QT interval prolongation.	Use with caution. Monitor closely.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.

**Interaction****Management****Cisapride**

<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Possible increase of cisapride levels and cardiotoxicity.	Avoid combination. Alternative: Metoclopramide
<b>Etravirine</b>	Cisapride levels may potentially be decreased.	A dose adjustment may be needed.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Possible increase of cisapride levels and cardiotoxicity.	Avoid combination.
<b>Nevirapine</b>	Possible decrease in cisapride clinical effects.	Dosage adjustment may be needed.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.

**Cisplatin**

<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Increased risk of peripheral neuropathy.	Monitor closely for peripheral neuropathy.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	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.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Increased risk of peripheral neuropathy.	Monitor closely for peripheral neuropathy.
<b>Tenofovir</b>	Increased risk of nephrotoxicity.	Closely monitor renal function.
<b>Zidovudine</b>	Additive haematotoxicity.	Monitor FBC closely.

**Citalopram**

<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Citalopram is extensively metabolised by CYP450 enzymes. No interaction data available.	Use with caution.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Coadministration may increase citalopram concentrations. In addition, concurrent use may result in an increased risk of QT interval prolongation.	Use with caution, monitor closely.
<b>Nevirapine</b>	Citalopram is extensively metabolised by CYP450 enzymes. No interaction data available.	Use with caution.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.

**Clarithromycin**

<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
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	<b>Interaction</b>	<b>Management</b>
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	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.
<b>Etravirine</b>	Etravirine reduces clarithromycin exposure, and increases that of its hydroxy metabolite. Clarithromycin slightly increases etravirine exposure.	Avoid combination if possible; consider use of azithromycin
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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-hydroxyclearithromycin, 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.
<b>Nevirapine</b>	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.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	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.
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<b>Clindamycin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretically ritonavir may increase clindamycin levels.	Monitor for adverse events.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Clonazepam</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Possible decrease in clonazepam levels.	Monitor response.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Increased clonazepam effects.	Avoid combination. Use safer alternative e.g. oxazepam, temazepam, lorazepam.

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

	<b>Interaction</b>	<b>Management</b>
<b>Nevirapine</b>	Nevirapine could potentially decrease codeine exposure.	Monitor analgesic effect.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Colchicine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Efavirenz may reduce colchicine concentrations.	Monitor therapeutic effect.
<b>Etravirine</b>	Etravirine may reduce colchicine concentrations.	Monitor therapeutic effect.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Contraceptives, oral</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	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.
<b>Etravirine</b>	Slightly increases ethinyl oestradiol exposure, but did not change norethisterone exposure or the suppression of ovulation.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	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.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Theoretically ethinylestradiol may increase AZT concentration via inhibition of glucuronidation.	Monitor for AZT toxicity.

#### **Corticosteroids**

<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	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.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically corticosteroid and nevirapine levels may be reduced.	Monitor for steroid effect. Ideally, nevirapine levels should be monitored.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.

#### **Cyclophosphamide**

<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Possible increase in efficacy or toxicity.	Use with caution and monitor closely.
<b>Etravirine</b>	Etravirine could potentially increase the amount of drug converted to the inactive neurotoxic metabolite.	Careful monitoring of cyclophosphamide efficacy and toxicity is recommended.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Possible increase in efficacy or toxicity.	Use with caution and monitor closely.
<b>Nevirapine</b>	Possible increase in amount of active metabolite and increased neurotoxicity.	Use with caution.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Additive myelosuppression.	Monitor haematological parameters closely.

#### **Cyclosporin**

<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Potential reduction in the effect of cyclosporin.	Close monitoring is recommended with appropriate dose adjustment of cyclosporin.
<b>Etravirine</b>	Etravirine may reduce plasma concentrations of cyclosporin.	Monitor closely.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.

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

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

	<b>Interaction</b>	<b>Management</b>
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Dihydralazine</b>	No interaction reported.	No dosage adjustment required.
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<b>Diltiazem</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Decreased diltiazem levels (AUC decreased by 69%).	Adjust dose according to clinical response.
<b>Etravirine</b>	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.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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%.
<b>Nevirapine</b>	Possible decrease in diltiazem plasma concentrations with a possible decrease in clinical effects.	Monitor closely and adjust dosage as required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Diphtheria/tetanus toxoids</b>	No interaction reported.	No dosage adjustment required.
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<b>Disopyramide</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	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.
<b>Etravirine</b>	Etravirine is expected to decrease plasma concentrations of disopyramide.	Use with caution and monitor.
<b>Lamivudine/Emtricitabine</b>	Potential decrease in lamivudine renal elimination.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	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.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Disulfiram</b>		
<b>Abacavir</b>	Abacavir concentrations may increase due to inhibition of alcohol dehydrogenase by disulfiram.	No dosage adjustment required.
<b>Didanosine</b>	Possible increase in peripheral neuropathy as didanosine and disulfiram have similar toxicity profiles.	No dosage adjustment required. Monitor for peripheral neuropathy.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Possible increase in peripheral neuropathy as stavudine and disulfiram have similar toxicity profiles.	No dosage adjustment required. Monitor for peripheral neuropathy.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Doxorubicin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Decreased stavudine efficacy.	Use with caution only if potential benefit outweighs potential risks.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Additive haematologic toxicity (neutropaenia).	Use with caution and close monitoring is required.
<b>Doxycycline</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Buffered tablet formulations of didanosine contain antacids which may impair absorption of doxycycline.	Separate doses or use enteric coated didanosine.
<b>Efavirenz</b>	Theoretically doxycycline levels may be decreased.	Monitor response.
<b>Etravirine</b>	Theoretically doxycycline levels may be decreased.	Monitor response.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	Theoretically doxycycline levels may be decreased.	Monitor response.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	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.

	<b>Interaction</b>	<b>Management</b>
Zidovudine	No interaction reported.	No dosage adjustment required.
<b>Esomeprazole</b>		
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.
<b>Ethambutol</b>		
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.
<b>Ethanol</b>		
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.
<b>Ethionamide</b>		
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.

	<b>Interaction</b>	<b>Management</b>
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Similar toxicity profile.	Monitor closely for peripheral neuropathy.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Ethosuximide</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Potential decreased levels of ethosuximide.	Monitor individual response. The ethosuximide dosage may need to be altered.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Potential for increased ethosuximide concentrations.	Individual monitoring required. Decrease ethosuximide dose if required.
<b>Nevirapine</b>	Potential for decreased ethosuximide concentrations therefore decreased efficacy.	Monitor individual response. Increase ethosuximide dosage if required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Fentanyl</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Potential decrease in fentanyl concentrations.	Monitor individual response. Alter the drug dosage if required.
<b>Etravirine</b>	Possible decrease in fentanyl plasma concentrations decreasing the clinical effect.	Monitor individual patients. Adjust dosage of fentanyl if required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Possible decrease in fentanyl plasma concentrations decreasing the clinical effect.	Monitor individual patients. Adjust dosage of fentanyl if required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Ferrous gluconate</b>		
	No interaction reported.	No dosage adjustment required.
<b>Ferrous sulphate</b>		
	No interaction reported.	No dosage adjustment required.
<b>Flecainide</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	Possible decrease in flecainide plasma concentrations.	Monitor response.

	<b>Interaction</b>	<b>Management</b>
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Flecainide levels may be increased, resulting in an increased risk of cardiac arrhythmias.	Do not coadminister.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Flucloxacillin</b>	No interaction reported.	No dosage adjustment required.
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<b>Fluconazole</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	Etravirine AUC increased by 86%.	No dose adjustment established.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No clinically significant kinetic interaction. However may result in an increased risk of QT interval prolongation.	No dosage adjustment required. Monitor.
<b>Nevirapine</b>	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.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Increased zidovudine effects.	No dosage adjustment required, but monitor for AZT toxicity.
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<b>Fluorescein</b>	No interaction reported.	No dosage adjustment required.
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<b>Fluoxetine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	A case of serotonin syndrome has been reported due to efavirenz possibly inhibiting the metabolism of fluoxetine.	Use with caution.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Decreased fluoxetine levels.	Monitor clinical response to fluoxetine and increase the dose if needed.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Fluphenazine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.

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

	<b>Interaction</b>	<b>Management</b>
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	Furosemide could potentially decrease tenofovir renal elimination.	No dosage adjustment required, but renal function needs to be closely monitored.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Fusidic acid</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	One case report states significant elevation of fusidic acid and ritonavir levels and hepatotoxicity.	Use with caution.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Ganciclovir</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	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 ddl.	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.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No significant change in ganciclovir levels. Possible additive haematological toxicity.	No dosage adjustment necessary. Monitor.
<b>Tenofovir</b>	Additive nephrotoxicity.	If possible avoid concurrent use. If concomitant use is unavoidable monitor renal function weekly.
<b>Zidovudine</b>	Additive haematotoxicity.	Avoid combination. If possible, use stavudine instead of zidovudine.
<b>Garlic supplements</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically garlic supplements containing allicin may reduce efavirenz levels.	Until more is known about this potential interaction garlic should be avoided.

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

	<b>Interaction</b>	<b>Management</b>
<b>Etravirine</b>	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.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported. Theoretical possibility 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.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Griseofulvin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically griseofulvin as an enzyme inducer may decrease plasma levels of efavirenz.	Use with caution.
<b>Etravirine</b>	Theoretically griseofulvin as an enzyme inducer may decrease plasma levels of etravirine.	Use with caution.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretically griseofulvin as a liver enzyme inducer may decrease plasma levels of protease inhibitors.	Use with caution.
<b>Nevirapine</b>	Theoretically griseofulvin as a liver enzyme inducer may decrease plasma levels of nevirapine.	Use with caution.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Haemophilus influenzae b, conjugated</b>		
	No kinetic interaction reported.	Immunisation according to usual recommended schedules, however immunisation may be less effective in individuals with HIV infection.
<b>Haloperidol</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Efavirenz could potentially decrease haloperidol exposure.	No dosage adjustment required, but monitor therapeutic effect.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Nevirapine could potentially decrease haloperidol exposure.	No dosage adjustment required, but monitor therapeutic effect.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.



	<b>Interaction</b>	<b>Management</b>
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Hepatitis B, purified antigen</b>	No kinetic interaction reported.	Immunisation according to usual recommended schedules, however immunisation may be less effective in individuals with HIV infection.
<b>Hexoprenaline</b>	No interaction reported.	No dosage adjustment required.
<b>Hydrochlorothiazide</b>	No interaction reported.	No dosage adjustment required.
<b>Hydrocortisone (oral)</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically hydrocortisone levels may be decreased. Efavirenz levels may also be reduced.	Monitor for steroid effect. Ideally, efavirenz levels should be monitored.
<b>Etravirine</b>	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.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically hydrocortisone and nevirapine levels may be reduced.	Monitor for steroid effect and consider increase in hydrocortisone dose. Ideally, nevirapine levels should be monitored.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Ibuprofen</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	Theoretically etravirine may increase ibuprofen levels.	Use the lowest recommended dose of ibuprofen especially in high risk patients.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretically protease inhibitors may decrease ibuprofen levels.	Monitor effects of ibuprofen.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	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.
<b>Zidovudine</b>	Additive risk of haematological toxicity.	Monitor.
<b>Ifosfamide</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.

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

	<b>Interaction</b>	<b>Management</b>
<b>Iodine</b>	No interaction reported.	No dosage adjustment required.
<b>Ipratropium bromide</b>	No interaction reported.	No dosage adjustment required.
<b>Iron</b>	No interaction reported.	No dosage adjustment required.
<b>Isoniazid</b>		
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.
<b>Isosorbide dinitrate</b>		
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.
<b>Isotretinoin</b>		
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.

	<b>Interaction</b>	<b>Management</b>
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Itraconazole</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Decreased itraconazole effects.	Administer itraconazole capsules at least 2 hours after didanosine tablets/suspension. Alternatively use itraconazole solution or didanosine EC.
<b>Efavirenz</b>	Itraconazole effects decreased.	Use a safer alternative such as fluconazole.
<b>Etravirine</b>	Etravirine is predicted to decrease itraconazole concentrations, and itraconazole is expected to increase etravirine plasma concentrations.	Use with caution.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Itraconazole levels reduced.	Do not coadminister.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Kanamycin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	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.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	Potential for additive nephrotoxicity.	Avoid concurrent use or monitor renal function weekly if concurrent use unavoidable.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Ketoconazole</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	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.
<b>Efavirenz</b>	Potential decrease in ketoconazole effects.	Use with caution and monitor efficacy of ketoconazole closely. Safer alternative is fluconazole.
<b>Etravirine</b>	Increased etravirine plasma concentrations and decreased ketoconazole plasma concentrations.	Do not coadminister.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Decreased ketoconazole effects and increased nevirapine effects.	Do not coadminister.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Lactulose</b>	No interaction reported.	No dosage adjustment required.
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<b>Lamotrigine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Lansoprazole</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported. Theoretically efavirenz may increase lansoprazole levels.	No dosage adjustment required. Monitor patients.
<b>Etravirine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretically lopinavir/ritonavir may decrease lansoprazole levels. Atazanavir AUC decreased by 94%.	Monitor therapeutic response with lopinavir/ritonavir. Atazanavir: concurrent use not recommended.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Levodopa</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.

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

	<b>Interaction</b>	<b>Management</b>
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Loperamide</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Loratadine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported. Theoretically, efavirenz may decrease the concentration of loratadine.	Monitor patients closely.
<b>Etravirine</b>	Decreased loratadine level.	Monitor therapeutic response.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretically protease inhibitors may increase levels of loratadine.	No dosage adjustment required.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Lorazepam</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Theoretically a modest increase in the bioavailability of zidovudine. Concurrent use can increase the incidence of headaches.	If headaches occur, discontinue lorazepam.
<b>Magnesium hydroxide</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Didanosine</b>	Antacids may increase didanosine levels. Additive side effects such as diarrhoea.	Monitor closely and separate doses by as much as possible.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	Raltegravir concentration reduced.	Coadministration not recommended.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Magnesium sulphate</b>	No interaction reported.	No dosage adjustment required.
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<b>Measles vaccine</b>	No kinetic interaction reported.	Immunisation according to usual recommended schedules, however immunisation may be less effective in individuals with HIV infection.
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<b>Mebendazole</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically efavirenz may reduce mebendazole levels. This may be clinically important in patients on high doses for echinococcosis.	Monitor response.
<b>Etravirine</b>	Theoretically etravirine may reduce mebendazole levels. This may be clinically important in patients on high doses for echinococcosis.	Monitor response.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically nevirapine may reduce mebendazole levels. This may be clinically important in patients on high doses for echinococcosis.	Monitor response.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Medroxyprogesterone acetate (injectable)</b>	No interaction reported.	No dosage adjustment required.
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<b>Medroxyprogesterone, oral</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically medroxyprogesterone levels may be decreased.	Monitor clinical effect.
<b>Etravirine</b>	Theoretically medroxyprogesterone levels may be decreased.	Monitor clinical effect.



	<b>Interaction</b>	<b>Management</b>
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretically concentration of medroxyprogesterone may be decreased.	Monitor clinical effect.
<b>Nevirapine</b>	Theoretically concentration of medroxyprogesterone may be decreased.	Monitor clinical effect.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Mefloquine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Metformin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Limited data suggests an increased risk of lactic acidosis.	No dosage adjustment required. Monitor patients clinically.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Limited data suggests an increased risk of lactic acidosis.	No dosage adjustment required. Monitor patients clinically.
<b>Tenofovir</b>	Limited data suggests an increased risk of lactic acidosis.	No dosage adjustment required. Monitor patient clinically.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Methotrexate</b>		
<b>Abacavir</b>	No kinetic interaction.	Use with caution in HIV patients and monitor closely.
<b>Didanosine</b>	Additive liver toxicity.	Use with caution in HIV patients and monitor closely.
<b>Efavirenz</b>	No kinetic interaction.	Use with caution in HIV patients and monitor closely.
<b>Etravirine</b>	No kinetic interaction.	Use with caution in HIV patients and monitor closely.
<b>Lamivudine/Emtricitabine</b>	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.

	<b>Interaction</b>	<b>Management</b>
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No kinetic interaction.	Use with caution in HIV patients and monitor closely.
<b>Nevirapine</b>	Additive liver toxicity.	Use with caution in HIV patients and monitor closely.
<b>Raltegravir</b>	Kinetic interaction unlikely.	Use with caution in HIV patients and monitor closely.
<b>Stavudine</b>	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.
<b>Tenofovir</b>	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.
<b>Zidovudine</b>	Additive haematotoxicity.	Use with caution in HIV patients and monitor closely.
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<b>Methyl salicylate</b>	No interaction reported.	No dosage adjustment required.
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<b>Methyldopa</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Both agents can cause pancreatitis.	Use with caution and monitor closely.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Both agents can cause pancreatitis.	Use with caution and monitor closely.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Additive haematotoxicity.	Monitor closely.
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<b>Metoclopramide</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Metoprolol</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No clinically significant interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Metronidazole</b>		
<b>Abacavir</b>	Metronidazole may increase abacavir concentrations due to inhibition of alcohol dehydrogenase.	No dosage adjustment required.
<b>Didanosine</b>	Both drugs may cause peripheral neuropathy.	Monitor closely.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Oral lopinavir/ritonavir solution contains alcohol. Concomitant use may result in disulfiram-like reaction.	Do not coadminister, may consider lopinavir/ritonavir capsules or tablets.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Both drugs may cause peripheral neuropathy.	Monitor closely.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Mianserin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically efavirenz could decrease mianserin concentrations to a moderate extent.	Monitor clinical effect.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretically protease inhibitors could increase mianserin concentrations to a moderate extent.	Monitor adverse effects.
<b>Nevirapine</b>	Theoretically nevirapine could decrease mianserin concentrations to a moderate extent.	Monitor clinical effect.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Miconazole</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Midazolam</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	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.
<b>Etravirine</b>	Etravirine, an inducer of CYP3A4, could potentially decrease midazolam exposure.	Monitor clinical effect and withdrawal symptoms.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically nevirapine may decrease levels of midazolam.	Monitor for midazolam effects and withdrawal symptoms when adding nevirapine to patient already on midazolam.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Morphine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically efavirenz could potentially increase morphine concentrations via competition or inhibition of UGT2B7.	Monitor for signs of opiate toxicity.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretically lower levels of morphine may be expected.	Monitor response.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Moxifloxacin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Chewable/buffered preparations may interfere with bioavailability of moxifloxacin.	Administer moxifloxacin four hours before or eight hours after these formulations of didanosine. Alternatively use EC tablets.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Protease inhibitors may result in QT interval prolongation and increased moxifloxacin levels. This may result in additive QT prolongation with moxifloxacin.	Use with caution.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.

### **Mycophenolate mofetil**

<b>Abacavir</b>	Abacavir could alter mycophenolate levels.	Concentration monitoring of mycophenolate is recommended.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	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.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	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.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	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.
<b>Zidovudine</b>	AZT could alter mycophenolate levels.	Concentration monitoring of mycophenolate is recommended.

### **Nalidixic acid**

<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Decreased nalidixic acid serum concentrations when using buffered didanosine preparations.	Use EC didanosine.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
<b>Naloxone</b>		
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.
<b>Nicotinamide</b>		
	No interaction reported.	No dosage adjustment required.
<b>Nicotinic acid</b>		
	No interaction reported.	No dosage adjustment required.
<b>Nifedipine</b>		
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 cardiotoxicity. (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.
<b>Nitrofurantoin</b>		
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.

	<b>Interaction</b>	<b>Management</b>
<b>Norethisterone enanthate</b>	No interaction reported.	No dosage adjustment required.
<b>Nystatin</b>	No interaction reported.	No dosage adjustment required.
<b>Oestrogens, conjugated</b>	No interaction reported.	No dosage adjustment required.
<b>Ofloxacin</b>		
Abacavir	No interaction reported.	No dosage adjustment required.
Didanosine	Chewable/buffered preparations may interfere with bioavailability 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.
<b>Olanzapine</b>		
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.
<b>Omeprazole</b>		
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.

	<b>Interaction</b>	<b>Management</b>
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	Raltegravir exposure (AUC) increased 3 fold.	Clinical relevance unknown, UK and US manufacturers no dosage adjustment.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Orciprenaline</b>	No interaction reported.	No dosage adjustment required.
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<b>Orphenadrine</b>	No interaction reported.	No dosage adjustment required.
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<b>Oxazepam</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	A modest increase in the bioavailability of zidovudine. Concurrent use can increase the incidence of headaches.	If headaches occur, discontinue oxazepam.
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<b>Oxymetazoline</b>	No interaction reported.	No dosage adjustment required.
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<b>Oxytocin</b>	No interaction reported.	No dosage adjustment required.
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<b>Paclitaxel</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Possible additive peripheral neuropathy.	Use with caution and monitor closely.
<b>Efavirenz</b>	Possible increase in paclitaxel levels due to inhibition of CYP2C8.	Use with caution and monitor paclitaxel induced toxicity.
<b>Etravirine</b>	Potential moderate decrease in paclitaxel exposure. Also potential decrease in etravirine concentrations.	Monitor response to antiretroviral therapy.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Possible decrease in paclitaxel levels. In one patient no pharmacokinetic interaction was found.	Monitor response.
<b>Raltegravir</b>	Potential reduction of raltegravir concentration.	Monitor response to antiretroviral therapy.
<b>Stavudine</b>	Possible additive peripheral neuropathy.	Use with caution and monitor closely.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Possible additive haematotoxicity.	Monitor FBC closely.



	<b>Interaction</b>	<b>Management</b>
<b>Paracetamol</b>		
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.
<b>Perindopril</b>		
	No interaction reported.	No dosage adjustment required.
<b>Permethrin</b>		
	No interaction reported.	No dosage adjustment required.
<b>Pethidine</b>		
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.
<b>Phenobarbital (phenobarbitone)</b>		
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.

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

	<b>Interaction</b>	<b>Management</b>
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Piroxicam</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported, but theoretically efavirenz could increase piroxicam levels.	Monitor for side effects of piroxicam, especially GI and CNS.
<b>Etravirine</b>	No interaction reported, but theoretically piroxicam levels could be slightly increased.	Monitor for adverse effects.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Modest reduction in piroxicam levels possible.	Dose adjustment unlikely.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	Additive nephrotoxicity has been reported with NSAIDs.	Use with caution and monitor renal function.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Polio Vaccine, oral</b>		
	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.
<b>Povidone-iodine</b>		
	No interaction reported.	No dosage adjustment required.
<b>Pravastatin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Efavirenz administration resulted in a median 40% decrease in pravastatin exposure.	Monitor response. Pravastatin dose may need to be increased.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Slight reduction in pravastatin exposure possible.	Monitor response.
<b>Raltegravir</b>	Pravastatin appears to reduce the minimum concentration of raltegravir by 41%. AUC increased by 13%. Unlikely to be clinically important.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Praziquantel</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Efavirenz</b>	Theoretically efavirenz may decrease praziquantel levels.	Monitor response.
<b>Etravirine</b>	Theoretically etravirine may decrease praziquantel exposure.	Monitor response.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretically protease inhibitors may increase praziquantel exposure.	Monitor for praziquantel adverse events.
<b>Nevirapine</b>	Theoretically nevirapine may lower praziquantel levels.	Monitor for effectiveness of praziquantel.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Precipitated sulphur</b>	No interaction reported.	No dosage adjustment required.
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<b>Prednisone</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	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.
<b>Etravirine</b>	Theoretically prednisone and etravirine levels may be reduced.	Monitor therapeutic response.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically corticosteroid and nevirapine levels may be reduced.	Monitor for steroid effect and consider dose increase of corticosteroids. Ideally, nevirapine levels should be monitored.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Prochlorperazine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretically ritonavir may increase prochlorperazine levels.	Monitor for adverse events and lower dose of prochlorperazine if required.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Additive haematotoxicity.	Monitor FBC.
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<b>Promethazine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretical interaction possibly resulting in increased promethazine levels. Increased risk of QT interval prolongation.	Monitor adverse events of promethazine.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Propafenone</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Efavirenz theoretically can decrease propafenone levels.	Closely monitor response and adjust dose accordingly.
<b>Etravirine</b>	Concentrations of propafenone may be decreased.	Use with caution. Drug concentration monitoring is recommended, if available.
<b>Lamivudine/Emtricitabine</b>	No interaction found.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically nevirapine may lower propafenone levels via enzyme induction.	Monitor response and increase dose of propafenone if required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Propranolol</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Protease inhibitors may increase propranolol levels although to a moderate effect. Potential for additive PR prolongation.	Use with caution and clinical monitoring recommended.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Pyrazinamide</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Possible increase in pyrazinamide exposure and risk of arthralgia.	No dosage adjustment required but monitoring for side effects suggested.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Limited evidence suggests that zidovudine may lower pyrazinamide levels.	Clinical significance unknown.
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<b>Pyridoxine</b>	No interaction reported.	No dosage adjustment required.
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<b>Quetiapine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Possible decrease in quetiapine levels.	Monitor response and increase dose if needed.
<b>Etravirine</b>	Etravirine may decrease quetiapine levels.	Monitor response and increase dose if needed.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Possible decrease in quetiapine levels.	Monitor response and increase dose if needed.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Quinapril</b>	No interaction reported.	No dosage adjustment required.
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<b>Quinidine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically efavirenz can decrease quinidine levels.	Monitor response, drug concentration monitoring is recommended if available.
<b>Etravirine</b>	Concentrations of quinidine may be decreased.	Drug concentration monitoring is recommended, if available.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically nevirapine can lower quinidine levels.	Monitor response and drug concentration monitoring is recommended if available.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Quinine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported. Theoretically efavirenz can decrease quinine levels due to induction of CYP3A4.	Monitor response. If possible monitor quinine levels.

	<b>Interaction</b>	<b>Management</b>
<b>Etravirine</b>	Possible decreased exposure to quinine.	Monitor response. If possible monitor quinine levels.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Possible decrease in quinine levels.	Monitor response. If possible monitor quinine levels.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Rabies immunoglobulin</b>	No interaction reported.	No dosage adjustment required.
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<b>Rabies, inactivated whole virus</b>	No interaction reported.	No dosage adjustment required.
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<b>Ramipril</b>	No interaction reported.	No dosage adjustment required.
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<b>Ranitidine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Retinol</b>	No interaction reported.	No dosage adjustment required.
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<b>Ribavirin</b>		
<b>Abacavir</b>	Increased risk of lactic acidosis. Some data suggest a risk of a lower response rate to pegylated interferon/ribavirin therapy.	Use with caution.
<b>Didanosine</b>	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.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	Increased risk of lactic acidosis and hepatic decompensation.	Use combination with caution only if the potential benefit outweighs the risks.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Increased risk of lactic acidosis and hepatic decompensation.	Use combination with caution only if the potential benefit outweighs the risks.
<b>Tenofovir</b>	Increased risk of lactic acidosis.	Use with caution.
<b>Zidovudine</b>	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.
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<b>Rifabutin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Possible decreased rifabutin levels with buffered didanosine.	Separate once daily buffered didanosine from rifabutin by at least 2 hours to avoid interaction.
<b>Efavirenz</b>	Decreased rifabutin effects.	Increase rifabutin to 450mg/day or 600 mg three times per week with concomitant efavirenz.
<b>Etravirine</b>	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 coadministered with boosted darunavir, lopinavir or saquinavir.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Significantly increased rifabutin levels.	Reduce rifabutin dose to 150mg every other day and monitor for adverse events such as neutropaenia and uveitis.
<b>Nevirapine</b>	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.
<b>Raltegravir</b>	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.
<b>Stavudine</b>	No significant interaction.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Slight decrease in AZT levels.	No dosage adjustment recommended, but monitor effects of AZT.
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<b>Rifampicin</b>		
<b>Abacavir</b>	Slight decrease in plasma concentration of abacavir.	Monitor response.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Efavirenz AUC reduced by 26%.	No dosage adjustment currently recommended.
<b>Etravirine</b>	Decreased etravirine concentrations.	Contraindicated.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.



	<b>Interaction</b>	<b>Management</b>
<b>Nevirapine</b>	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.
<b>Raltegravir</b>	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.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Reduced levels of zidovudine. (AUC decreased by 47%)	Monitor efficacy closely.
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<b>Risperidone</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Efavirenz may decrease risperidone concentrations.	No dosage adjustment required, but monitor therapeutic effect.
<b>Etravirine</b>	Etravirine may decrease risperidone concentrations.	No dosage adjustment is required, but monitor therapeutic response.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Potential increase in risperidone levels.	A decrease of the risperidone dose may be needed. Careful monitoring of therapeutic and adverse effects is recommended.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Roxythromycin</b>		
	No interaction reported.	No dosage adjustment required.
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<b>Salbutamol</b>		
	No interaction reported.	No dosage adjustment required.
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<b>Senna glycosides</b>		
	No interaction reported.	No dosage adjustment required.
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<b>Sildenafil</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically efavirenz may decrease sildenafil levels.	The efficacy of sildenafil should be closely monitored and dose adjustments may be required.
<b>Etravirine</b>	AUC of sildenafil decreased by 37%.	Monitor response.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically nevirapine may decrease sildenafil levels.	Titrate sildenafil dose based on patient response and tolerability.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.

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

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

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

	<b>Interaction</b>	<b>Management</b>
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No interaction reported.	No dosage adjustment required.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Theophylline</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Possible decrease in theophylline levels.	Monitor theophylline levels and increase theophylline dosage as indicated.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Thiamine</b>		
	No interaction reported.	No dosage adjustment required.
<b>Timolol</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	No interaction reported.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tramadol</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	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.
<b>Etravirine</b>	No interaction reported.	Monitor analgesic effect.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Trazodone</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically trazodone levels could be decreased.	Monitor response and adjust trazodone dose accordingly.
<b>Etravirine</b>	Theoretically trazodone levels may be decreased.	Monitor response.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically trazodone levels could be lowered.	Monitor response.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Triazolam</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically efavirenz may increase or decrease triazolam levels.	Avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives.
<b>Etravirine</b>	Etravirine could potentially decrease triazolam exposure.	Monitor clinical effect and withdrawal symptoms.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Theoretically protease inhibitors can significantly increase triazolam levels.	Avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives.
<b>Nevirapine</b>	Possible decrease in triazolam concentration, resulting in withdrawal symptoms.	Monitor patient for symptoms of withdrawal and adjust dosage if needed.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
<b>Trifluoperazine</b>		
	No interaction reported.	No dosage adjustment required.
<b>Trimethoprim/sulfamethoxazole</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No clinically significant kinetic interaction, but additive risk for developing pancreatitis.	No dosage adjustment required.
<b>Efavirenz</b>	No clinically significant interaction.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	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 <i>Pneumocystis carinii</i> pneumonia (PCP) and toxoplasmosis should be avoided.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	No clinically significant interaction.	No dosage adjustment required.

	<b>Interaction</b>	<b>Management</b>
<b>Nevirapine</b>	No clinically significant kinetic interaction. Combination may increase risk of rash.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	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.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Possible increased risk of AZT toxicity. May be more pronounced in hepatic failure.	Monitor for AZT toxicity.
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<b>Valproic acid</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Additive risk of fatty liver.	No dosage adjustment required. Monitor liver function.
<b>Efavirenz</b>	No significant kinetic interaction between valproate and efavirenz.	No dosage adjustment required.
<b>Etravirine</b>	No interaction reported.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	Additive risk of fatty liver.	No dosage adjustment required. Monitor liver function.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	No interaction reported.	No dosage adjustment required.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Additive risk of fatty liver.	No dosage adjustment required. Monitor liver function.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	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.
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<b>Verapamil</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Theoretically efavirenz may decrease the concentrations of verapamil.	Monitor therapeutic effect closely and adjust dose accordingly.
<b>Etravirine</b>	Theoretically etravirine may decrease the concentrations of verapamil.	Monitor therapeutic effect closely and adjust dose accordingly.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Potential for decrease in verapamil levels.	Monitor therapeutic effect closely and adjust dose accordingly.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Vincristine</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	Both drugs may cause peripheral neuropathy.	Avoid combination if possible, monitor closely if used concomitantly.

	<b>Interaction</b>	<b>Management</b>
<b>Efavirenz</b>	Theoretically efavirenz may decrease vincristine levels.	Monitor closely for reduced effectiveness of vincristine.
<b>Etravirine</b>	Potential decrease in vincristine exposure.	Monitor response.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically nevirapine may reduce vincristine levels.	Monitor closely for reduced effectiveness of vincristine.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	Both drugs may cause peripheral neuropathy.	Avoid combination if possible, monitor closely if used concomitantly.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	Additive myelosuppression.	Monitor closely.
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<b>Vitamin A (Retinol)</b>	No interaction reported.	No dosage adjustment required.
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<b>Vitamin B-complex</b>	No interaction reported.	No dosage adjustment required.
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<b>Vitamin C (Ascorbic acid)</b>	No interaction reported.	No dosage adjustment required.
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<b>Vitamin K</b>	No interaction reported.	No dosage adjustment required.
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<b>Voriconazole</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	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.
<b>Etravirine</b>	Etravirine AUC increased by 36%; voriconazole AUC increased by 14%.	No dosage adjustment required.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	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.
<b>Nevirapine</b>	Theoretically voriconazole levels may be reduced and nevirapine levels increased.	Monitor patients closely.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Warfarin</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Warfarin levels may be increased or decreased increasing the risk of bleeding or clotting.	Monitor INR and adjust warfarin as indicated.
<b>Etravirine</b>	Etravirine is expected to increase plasma concentrations of warfarin.	Monitor INR closely.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.



	<b>Interaction</b>	<b>Management</b>
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Warfarin levels may be increased or decreased increasing the risk of bleeding or clotting.	Monitor INR and adjust warfarin as indicated.
<b>Nevirapine</b>	Possibility of decreased or increased warfarin levels.	Monitor INR and adjust warfarin as indicated.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Zinc Oxide</b>	No interaction reported.	No dosage adjustment required.
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<b>Zolpidem</b>		
<b>Abacavir</b>	No interaction reported.	No dosage adjustment required.
<b>Didanosine</b>	No interaction reported.	No dosage adjustment required.
<b>Efavirenz</b>	Possible decrease in zolpidem concentration.	Monitor clinical effect and withdrawal symptoms.
<b>Etravirine</b>	Etravirine could potentially decrease zolpidem exposure.	Monitor clinical effect and withdrawal symptoms.
<b>Lamivudine/Emtricitabine</b>	No interaction reported.	No dosage adjustment required.
<b>Lopinavir/Atazanavir/Darunavir+ritonavir</b>	Potential increase in zolpidem exposure, resulting in risk of increased and prolonged sedation.	Monitor carefully for sedation. Dose decrease of zolpidem may be necessary.
<b>Nevirapine</b>	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.
<b>Raltegravir</b>	No interaction reported.	No dosage adjustment required.
<b>Stavudine</b>	No interaction reported.	No dosage adjustment required.
<b>Tenofovir</b>	No interaction reported.	No dosage adjustment required.
<b>Zidovudine</b>	No interaction reported.	No dosage adjustment required.
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<b>Zuclopenthixol</b>	No interaction reported.	No dosage adjustment required.