

GUIDANCE FOR DRUG INTERACTIONS WITH

INH (isoniazid) daily or 3HP [isoniazid + rifapentine (RFP)] once weekly

INTERACTING DRUG	INTERACTION WITH:		COMMENT
	ISONIAZID (INH)	ISONIAZID AND RIFAPENTINE (3HP)	
ANTICOAGULANTS			
Warfarin	Rare cases of increased INR.	Potential reduced effects of warfarin.	Both INH & 3HP: Monitor INR & adjust warfarin dose accordingly.
ANTIDIABETICS			
Insulin	↓ Blood glucose lowering effect of insulin. Monitor blood glucose & adjust insulin dose accordingly.	No clinically significant interaction expected.	3HP recommended.
Glimepiride	↑ Glimepiride Hypoglycaemia risk > in elderly & chronic renal failure. Monitor blood glucose & adjust glimepiride dose accordingly.	No interaction reported.	3HP recommended.
Metformin	No interaction expected.	No interaction expected.	
ANTIEPILEPTICS			
Carbamazepine	↑ Carbamazepine	↑ Carbamazepine	Therapeutic drug monitoring required for carbamazepine, phenytoin & valproic acid, & dose adjustments required where necessary. Alternatively, lamotrigine or levetiracetam may be used.
Phenytoin	↑ Phenytoin	↓ OR ↑ Phenytoin	
Valproic acid	↑ Valproic Acid and possible ↑ INH	↓ Valproic Acid	
ANTIHYPERTENSIVES			
Amlodipine	No interaction reported.	↓ Amlodipine Monitor blood pressure & adjust dose of amlodipine accordingly.	INH recommended.
ANTIPSYCHOTICS			
Clozapine	No interaction reported.	↓ Clozapine Monitor response & adjust Clozapine dose accordingly.	INH recommended.
Haloperidol	↑ Haloperidol Monitor & adjust dose of haloperidol accordingly.	No clinically significant interaction expected.	3HP recommended.
Olanzapine/Quetiapine/Risperidone	No interaction reported.	No interactions reported, but rifapentine is predicted to ↓ antipsychotics.	INH recommended.
ANTIRETROVIRALS			
Dolutegravir	No interaction reported.	↓ Dolutegravir	INH recommended to ART naïve people living with HIV. 3HP recommended if VL <50/LDL on a DTG regimen.
Protease Inhibitors (Atazanavir/ritonavir (r); Darunavir/r Lopinavir/r)	No interaction reported.	Do not co-administer.	INH recommended.
CARDIAC GLYCOSIDE			
Digoxin	No interaction reported.	Potential ↓ digoxin concentrations. Monitor serum digoxin concentrations & adjust dose accordingly.	INH recommended.
CONTRACEPTIVES			
Combined Oral Contraceptive (COC), Progestogen only oral contraceptive, Emergency contraception, Etonogestrel subdermal Implant.	No clinically significant interaction.	Potential ↓ contraceptive efficacy. Additional non-hormonal/barrier contraception must be used during & for 2 weeks after 3HP treatment cessation.	Injectable contraceptives (Medroxyprogesterone acetate or Norethisterone enanthate) may be used for patients on 3HP.
GLUCOCORTICOIDS			
Prednisone, prednisolone	Possible ↓ INH, depending on acetylator status.	↓ Prednisone, prednisolone	Monitor for efficacy and increase dose of prednisone/prednisolone if needed if on 3HP.

Note: Rifampicin and rifapentine are both potent enzyme inducers, the drug interaction effect of rifampicin will however be more pronounced due to the daily dose of administration.

Please note inducing effect of RFP is expected to last for up to 2 weeks after stopping RFP. Remember to reduce increased doses of interacting medicine 2 weeks after discontinuing RFP.



NEED HELP?

Contact the TOLL-FREE National HIV & TB Health Care Worker Hotline

0800 212 506 / 021 406 6782

Alternatively "WhatsApp" or send an SMS or "Please Call Me" to 071 840 1572
www.mic.uct.ac.za

References:

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