EML-ANTIRETROVIRALS INTERACTIONS TABLE

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First edition 2009, reprinted 2010, Second edition 2012, Third edition 2014, Fourth edition 2016,
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Abbreviations: 3TC/FTC=lamivudine/emtricitabine; ALT=alanine aminotransferase; AUC=area under the curve; CNS=central nervous system; ECG=electrocardiogram; FBC=full blood count; HIV=human immunodeficiency virus; LPV/ATV/DRV/r=lopinavir/atazanavir/darunavir/ritonavir; HRT=hormone replacement therapy; NNRTI=non-nucleoside reverse transcriptase inhibitor; NSAIDs=non-steroidal anti-inflammatory drugs; PPIs=proton pump inhibitors; PI/r=protease inhibitor/ritonavir; PIs=protease inhibitors; TDF/TAF=tenofovir disoproxil fumarate/tenofovir alafenamide; VL=viral load.

The following references were consulted in the compilation of the original document:

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

For this edition the following references have been consulted:

1. HIV-druginteractions.org. (2024). *Liverpool HIV Interactions.* [online] Available at: https://www.hiv- druginteractions.org/ [Accessed Jan 2023 – Aug 2024].
2. Medicines Complete (2024). *Stockley's drug interactions*. [online] Available at: https://www.medicinescomplete.com/#/browse/stockley [Accessed Jan 2023 - Aug 2024].
3. NCBI.nlm.nih.gov. (2024). *Home - PubMed - NCBI.* [online] Available at: https://www.ncbi.nlm.nih.gov/ pubmed [Accessed Jan 2023 – Aug 2024].
4. Micromedexsolutions.com. (2024). *DRUGDEX Detailed Drug Information.* [online] Available at: http:// www.micromedexsolutions.com [Accessed Jan 2023 – Aug 2024].
5. CredibleMeds.org (2024). *CredibleMeds*®. [online] Available at: https://crediblemeds.org/ [Accessed Jan 2023 – Aug 2024].

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 / 021406 6782 / send an SMS or "Please call me" to 071840 1572.

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	Interaction	Management
Acetazolamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Potential for competition with tenofovir for active renal transport mechanisms, which may lead to increased levels of either drug. TAF: No interaction expected	TDF: Monitor for adverse effects, especially renal toxicity. Close monitoring of renal function is recommended. TAF: No dosage adjustment required.
Zidovudine	Additive myelosuppression.	If concomitant treatment with potentially myelosuppressive drugs is necessary then extra care should be taken in monitoring renal function and haematological parameters.
Acetylcysteine		
	No interaction reported.	No dosage adjustment required.
Aciclovir		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Levels of tenofovir or aciclovir may be increased. TAF: No interaction expected.	TDF: Weekly monitoring of renal function when used concomitantly. TAF: No dosage adjustment required.
Zidovudine	One case report of profound lethargy.	No dosage adjustment required.
Acitretin		
	No interaction reported.	No dosage adjustment required.
Activated charcoal		
	May decrease absorption of antiretroviral.	If possible, do not take antiretroviral within 2 hours of administration of activated charcoal.
Adrenaline/Epinephrine		
	No interaction reported.	No dosage adjustment required.
Albendazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically levels of the active metabolite albendazole sulfoxide may be reduced.	Monitor response, this is likely to be clinically important only when used to treat systemic/disseminated worm infections that require long-term administration.

	Interaction	Management
Etravirine	Theoretically levels of the active metabolite albendazole sulfoxide may be reduced.	Monitor response, this is likely to be clinically important only when used to treat systemic/disseminated worm infections that require long-term administration.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Ritonavir reduces the exposure to albendazole and its active metabolite, albendazole sulfoxide significantly.	Monitor response, this is likely to be clinically important only when used to treat systemic/disseminated worm infections that require long-term administration.
Nevirapine	Theoretically levels of the active metabolite albendazole sulfoxide may be reduced.	Monitor response, this is likely to be clinically important only when used to treat systemic/disseminated worm infections that require long-term administration.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive bone marrow suppression.	Monitor FBC every two weeks.
Alendronate		
	Possible interference with absorption of alendronate.	Wait at least 30 minutes after taking alendronate before taking any other oral medicinal product.
Alfacalcidol		
	No interaction reported.	No dosage adjustment required.
Alfentanil		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential decrease in alfentanil level.	Monitor response.
Etravirine	Etravirine may decrease alfentanil level.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential increase in alfentanil concentration.	Administer with caution and monitor closely for increased respiratory depression and adjust dose of alfentanil if needed.
Nevirapine	Potential decrease in alfentanil level.	Monitor response and adjust dose if needed.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Alfuzosin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease alfuzosin exposure. In addition, increased risk of QT interval prolongation in some patients e.g. slow metabolisers of efavirenz.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Potential decrease in alfuzosin exposure.	Monitor clinical effect and increase dosage if needed.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased plasma concentrations of alfuzosin. This results in an increased risk of QT interval prolongation and severe hypotension.	Do not coadminister.

	Interaction	Management
Nevirapine	Theoretically nevirapine could potentially decrease alfuzosin exposure.	Monitor clinical effect and increase dosage if needed.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Alimemazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	LPV/r: Potential additive QT interval prolongation.	Use with caution.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Allopurinol		
	No interaction reported.	No dosage adjustment required.
Alprazolam		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially decrease alprazolam exposure.	Monitor clinical effect and withdrawal symptoms.
Etravirine	Etravirine could potentially decrease alprazolam exposure.	Monitor clinical effect and withdrawal symptoms.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased alprazolam effect when LPV/r, DRV/r or ATV/r is started. (After 10 days no significant interaction).	Use safer alternative e.g. oxazepam, temazepam, lorazepam.
Nevirapine	Theoretical risk of reducing alprazolam effects.	Monitor for alprazolam effects and withdrawal symptoms when adding nevirapine to patient already on alprazolam.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Aluminium hydroxide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Simultaneous coadministration of aluminium containing antacids with dolutegravir (50 mg once daily) decreased dolutegravir Cmax, AUC and Ctrough by 72%, 74% and 74%, respectively.	Aluminium hydroxide should be taken a minimum of 2 hours after or 6 hours before dolutegravir. Avoid combination in the presence of integrase class resistance.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.

	Interaction	Management
LPV/ATV/DRV+r	Atazanavir solubility/absorption decreases as pH increases.	Atazanavir should be administered 2 hours before or 1 hour after antacids.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	Rilpivirine plasma concentration decreases as the pH increases.	Administer antacids at least 2 hours before or 4 hours after rilpivirine.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Amikacin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Potential for additive nephrotoxicity.TAF unlikely to be problematic as it results in 90% lower systemic levels of tenofovir compared to TDF.	TDF: Avoid if possible or monitor renal function weekly if concurrent use unavoidable. TAF: No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Aminophylline		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Aminophylline can cause hypokalaemia, increasing the risk of torsade de pointes, which might be additive with the effects of efavirenz.	Monitor potassium concentrations closely.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Aminophylline dissociates in the stomach to be absorbed as theophylline. Possible decrease in theophylline levels.	Monitor theophylline levels and increase theophylline dosage as indicated.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction expected.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Amiodarone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease or increase levels of amiodarone. Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Etravirine is expected to decrease plasma concentrations of amiodarone.	Caution is warranted and therapeutic concentration monitoring, if available, is recommended. Dosage adjustment of amiodarone may be needed due to possible decrease in clinical effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.

	Interaction	Management
LPV/ATV/DRV+r	Ritonavir increases amiodarone levels significantly. This results in an increased risk of QT interval prolongation.	Do not coadminister.
Nevirapine	Potential for decrease in amiodarone levels.	Dose adjustment of amiodarone may be needed due to possible decrease in clinical effect. Therapeutic concentration monitoring, if available, is recommended.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	Theoretically amiodarone may increase systemic concentration of TDF and TAF via inhibition of P-glycoprotein and increased absorption of TDF and TAF.	TDF: Monitor renal function regularly. TAF: Consider dosing at 10mg daily if available.
Zidovudine	No interaction reported.	No dosage adjustment required.
Amisulpride		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Amitriptyline		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Plasma concentration and effects of amitriptyline may be increased. This results in an increased risk of QT interval prolongation.	Careful monitoring of therapeutic and adverse effects is recommended. Use alternative or monitor ECG.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Amlodipine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically amlodipine levels may be decreased.	Monitor effect closely and increase dose of amlodipine if needed.

	Interaction	Management
Etravirine	Potential decrease in amlodipine exposure.	Monitor clinical effect and increase dose of amlodipine if needed.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential for significant elevation of amlodipine serum levels and additive PR prolongation.	Use with caution. If coadministration is indicated, consider a dose reduction for amlodipine of 50%. Consider ECG monitoring.
Nevirapine	Theoretically amlodipine levels may be reduced.	Monitor effect closely and increase dose of amlodipine if needed.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Amoxicillin		
	No interaction reported.	No dosage adjustment required.
Amoxicillin and clavulanic acid		
	No interaction reported.	No dosage adjustment required.
Amphotericin B		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	Amphotericin B is nephrotoxic.	Renal function should be monitored and lamivudine dosage adjusted accordingly.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Additive nephrotoxicity. TAF: No interaction expected.	TDF: Avoid concurrent use if possible. Monitor renal function weekly if concomitant use is unavoidable. TAF: No dosage adjustment required.
Zidovudine	Similar toxicity profile.	Monitor FBC and renal function closely. Consider dose reduction if required.
Ampicillin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	Potential for increased levels of either drug when ampicillin is administered intravenously, due to competition for renal transporters.	When ampicillin is administered orally, there is little potential for significant interaction. When ampicillin is used IV, monitor for toxicity.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction expected.	No dosage adjustment required.
Tenofovir	TDF: Potential for increased levels of either drug when ampicillin is administered intravenously, due to competition for renal transporters. TAF: No interaction expected.	TDF: When ampicillin is administered orally, there is little potential for significant interaction. When ampicillin is used IV, monitor for toxicity. TAF: No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Anastrozole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could decrease anastrozole concentration.	Monitor clinical effect.
Etravirine	Theoretically etravirine could decrease anastrozole concentration.	Monitor clinical effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically ritonavir may both increase (via CYP3A4 inhibition) or decrease (via UGT1A4 induction) anastrozole levels.	Need for dosage adjustment not expected.
Nevirapine	Theoretically nevirapine could decrease anastrozole concentration.	Monitor clinical effect.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Aripiprazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could decrease aripiprazole concentration. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Theoretically etravirine could decrease aripiprazole concentrations.	Monitor therapeutic effect and adjust dosage if required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased aripiprazole exposure and increased risk of QT interval prolongation.	Use alternative or monitor ECG. If using, monitor for adverse effects and consider decreasing aripiprazole dose by 50%. Dose reductions for extended-release aripiprazole injection are also necessary.
Nevirapine	Theoretically nevirapine could decrease aripiprazole concentration.	Monitor therapeutic effect and adjust dosage if required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Artemether/lumefantrine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz decreases artemether and lumefantrine levels. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help. If using, ensure all doses are taken with a fatty meal and consider extending treatment to 6 days. Monitor for efficacy.
Etravirine	Artemether AUC: decreased by 38%; Lumefantrine AUC: decreased by 13%.	Ensure all doses are taken with a fatty meal and consider extending treatment to 6 days. Monitor for efficacy.
3TC/FTC	No interaction reported.	No dosage adjustment required.

	Interaction	Management
LPV/ATV/DRV+r	Increased concentrations of lumefantrine and dihydroartemisinin. A study in 16 patients on LPV/r and artemether/lumefantrine showed no increase in QT interval.	No dosage adjustment required.
Nevirapine	NVP-based ART decreased artemether and dihydroartemisinin AUCs but effect on lumefantrine exposure is variable in different studies. Nevirapine exposure also reduced.	Ensure all doses are taken with a fatty meal and consider extending treatment to 6 days. Monitor for efficacy.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Artesunate		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Interaction has not been studied. Exposure to another artemesinin, artemether, and conversion to active metabolite dihydroartemesinin decreased.	Monitor for efficacy.
Etravirine	Etravirine could theoretically increase the conversion of artesunate to the active metabolite. The clinical relevance is unclear. Artemisinins induce CYP3A4 and/or CYP2C19 and could potentially decrease etravirine concentrations through CYP induction.	Monitor for efficacy and toxicity.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Coadministration has not been studied. Theoretically artesunate concentration may be increased.	Monitor for toxicity.
Nevirapine	Exposure to another artemesinin, artemether, and conversion to active metabolite dihydroartemesinin decreased. Nevirapine exposure also decreased.	Monitor for efficacy.
Rilpivirine	Clinically significant interaction unlikely.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Aspirin (acetylsalicylic acid)		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No clinically significant interaction.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Tenofovir	TDF: Additive nephrotoxicity has been reported with NSAIDs. TAF: No interaction expected.	TDF: Use with caution. The risk is increased if an NSAID is used for a long duration, if the patient has pre-existing renal dysfunction, has a low body weight, or receives other drugs that may increase tenofovir exposure. Monitor renal function. TAF: No dosage adjustment required.
Zidovudine	In vitro study showed possible increase in AZT concentration. Further research needed. Not yet shown to be a clinically significant interaction.	No dosage adjustment required.
Atenolol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Theoretically there is potential for dolutegravir to increase atenolol exposure via inhibition of OCT2 (renal transporter). The increase in atenolol exposure is expected to be ~80% or ~110% when dolutegravir is administered once daily and twice daily, respectively.	Start atenolol at a lower dose and adjust dosage until the desired clinical effect is achieved.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	There is potential for competition with 3TC for elimination via renal transport proteins, which may lead to increased concentrations of either drug.	Potential weak interaction, no dosage adjustment required. Monitor for adverse reactions.
LPV/ATV/DRV+r	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 with atazanavir and atenolol.	Use with caution. PR interval monitoring may be warranted in patients with underlying block or those on atrioventricular nodal blocking agents.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Atorvastatin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Decreased concentrations of atorvastatin due to enzyme induction by efavirenz. AUC decreased by 30 to 40%.	Some patients may need higher doses of atorvastatin to achieve target lipid goals, but only with increased monitoring of toxicities.
Etravirine	Etravirine slightly lowers atorvastatin exposure.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Markedly increased levels of atorvastatin (approximately 5-fold).	Avoid combination if possible. May consider low dose atorvastatin (For ATV/r: max 10mg/day, for DRV/LPV/r max 20 mg/day) or pravastatin, monitor for myopathy.
Nevirapine	Potential for decreased concentrations of atorvastatin due to enzyme induction by nevirapine.	Monitor therapeutic response.

	Interaction	Management
Rilpivirine	No clinically relevant interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Atovaquone/proguanil		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Atovaquone AUC decreased by 75%. Proguanil AUC decreased by 44%.	Dose adjustment not established. Some references suggest taking atovaquone/proguanil with a high fat meal to increase its bioavailability and increase the dosage if required. Concomitant administration best avoided.
Etravirine	In one case report etravirine AUC was increased by 55%. Theoretically etravirine could decrease atovaquone levels.	Clinical significance unknown. Some references suggest taking atovaquone/proguanil with a high fat meal to increase its bioavailability and increase the dosage if required. Combination best avoided.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Decreased atovaquone and proguanil drug levels.	Dose adjustment not established. Clinical significance is unknown, however, an increase in atovaquone dose may be needed. Some references suggest taking atovaquone/proguanil with a high fat meal to increase its bioavailability. Combination best avoided.
Nevirapine	Possible reduction of atovaquone levels.	Use with caution. Some references suggest taking atovaquone/proguanil with a high fat meal to increase its bioavailability and increase the dosage if required. Combination best avoided.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Increased zidovudine effects possible due to inhibition of glucuronidation by atovaquone.	No dose adjustment required. Monitor for AZT toxicity.
Atracurium		
	No interaction reported.	No dosage adjustment required.
Atropine		
	No interaction reported.	No dosage adjustment required.
Aurothioglucose		
	No interaction reported.	No dosage adjustment required.
Azathioprine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Use with caution. Monitor FBC closely.

	Interaction	Management
Azithromycin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	LPV/r: Potential additive QT interval prolongation.	LPV/r: Use with caution.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Baclofen		
	No interaction reported.	No dosage adjustment required.
BCG vaccine		
	No kinetic interaction reported.	HIV-positive children are at high risk (1%) of disseminated BCG disease (BCGosis) following BCG vaccination if not on antiretroviral therapy. In areas with a high prevalence of tuberculosis and HIV infection, the current recommendation is that BCG vaccination should be given at birth to all infants regardless of HIV exposure. Infants born to HIV-positive mothers, and who received BCG at birth, should be followed up closely for early antiretroviral therapy initiation if HIV-positive.
Beclometasone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Coadministration of DRV/r (600/100 mg twice daily) and inhaled beclometasone diproprionate (160 mcg twice daily) decreased the AUC and Cmax of the active metabolite of beclometasone by 11% and 19%, respectively. No significant effect on adrenal function was seen.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Bedaquiline		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Models predict that long-term use of efavirenz could decrease bedaquiline AUC by 50%. Also additive risk of QT prolongation.	Avoid combination.
Etravirine	No data available, but etravirine may reduce bedaquiline exposure due to induction of CYP3A4.	Avoid combination until more data available.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	A 2-3-fold increase in the exposure of bedaquiline is expected with LPV/r. This results in an increased risk of QT interval prolongation. No data for other PIs.	Use alternative or monitor ECG and LFTs monthly.
Nevirapine	No clinically significant changes in bedaquiline AUC.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Benazepril		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	Potential interaction. Benazepril is rapidly hydrolyzed to its active metabolite benazeprilat. Benazeprilat is a substrate of UDP-glucuronosyltransferases (UGTs) and concentrations may decrease due to induction of UGTs by etravirine.	Adjust benazepril dosage based on the clinical response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential interaction for ATV/r. No interaction expected for DRV/r, LPV & RTV. ATV/r: Coadministration has not been studied. Benazepril is rapidly hydrolyzed to its active metabolite benazeprilat. Benazeprilat is a substrate of UDP-glucuronosyl transferases (UGTs) and concentrations may increase due to inhibition of UGTs by ATV/r.	Close monitoring of cardiac parameters and for increased adverse effects is recommended.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Benzhexol (trihexyphenidyl)		
	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Benzylpenicillin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: TDF levels could potentially increase due to competition for active tubular secretion. TAF: No interaction expected.	TDF: No a priori dosage adjustment recommended. TAF: No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Betamethasone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically betamethasone levels may be reduced.	Monitor for steroid effect.
Etravirine	Theoretically betamethasone levels may be reduced.	Monitor for steroid effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically betamethasone levels may be increased and PI levels reduced as betamethasone is a moderate inducer of CYP3A4.	Monitor for steroid effect and consider dose reduction of systemic betamethasone or use corticosteroids that are less affected by strong CYP3A inhibitors e.g. beclometasone and prednisolone. In addition, caution is needed when betametasone is administered orally or intravenously at high doses or for a long duration as it may decrease ATV/r or DRV/r or LPV/r exposure. Monitor antiviral response and monitor PI levels where available.
Nevirapine	Theoretically betamethasone levels may be reduced.	Monitor for steroid effect and consider dose increase of corticosteroid.
Rilpivirine	Theoretically, betamethasone may decrease rilpivirine concentrations.	No dosage adjustment required. Monitor response to rilpivirine.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Betaxolol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Due to the potential for additive PR interval prolongation, caution is warranted with the concurrent use of atazanavir and betaxolol.	Monitor for ECG abnormalities, especially PR interval prolongation.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Bevacizumab		
	No interaction reported.	No dosage adjustment required.
Bezafibrate		
	No interaction reported.	No dosage adjustment required.
Biperiden		
	No interaction reported.	No dosage adjustment required.
Botulinum toxin		
	No interaction reported.	No dosage adjustment required.
Bromocriptine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically ritonavir may increase bromocriptine levels due to CYP3A4 inhibition.	Avoid concomitant use.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Budesonide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically oral budesonide levels may be decreased.	Monitor therapeutic outcome.
Etravirine	Theoretically oral budesonide levels may be decreased.	Monitor therapeutic outcome.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Possible increase in budesonide levels as a result of enzyme inhibition by ritonavir. Theoretically, oral budesonide may decrease PI levels.	Do no coadminister unless potential benefit of treatment outweighs the risk of systemic corticosteroid effects. Switch to a glucocorticoid, which is not a substrate for CYP3A4 (e.g. beclometasone) if possible. Patients on oral budesonide should be closely monitored for increased signs and symptoms of hypercorticism and reduction of budesonide dosage should be considered. Ideally, PI levels should be monitored if oral budesonide used.
Nevirapine	Theoretically budesonide levels may be reduced if oral budesonide is used.	Monitor therapeutic outcome.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Bupivacaine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease bupivacaine levels.	Clinical relevance unknown.
Etravirine	Theoretically etravirine may decrease bupivacaine levels.	Clinical relevance unknown.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Possible increased bupivacaine concentrations.	Monitor for increased or prolonged therapeutic and adverse reactions.
Nevirapine	Theoretically nevirapine may decrease bupivacaine levels.	Clinical relevance unknown.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Bupropion		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	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.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	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. Do not exceed maximum recommended dose.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Cabergoline		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	Coadministration has not been studied. Cabergoline is a substrate of P-glycoprotein. Etravirine is a weak inhibitor of P-glycoprotein and could increase cabergoline exposure although to a limited extent.	When cabergoline is used as a single dose to suppress lactation this is unlikely to be a clinically significant interaction. When used chronically monitor for cabergoline adverse effects.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential interaction. Cabergoline is extensively metabolized by the liver and is a substrate of P-glycoprotein. Cabergoline exposure increased by 2.6- to 4-fold in the presence of the strong P-glycoprotein inhibitors itraconazole or clarithromycin. Similarly, coadministration with ATV/r, DRV/r or LPV/r is expected to increase cabergoline exposure.	When cabergoline is used as a single dose to suppress lactation no dose adjustment required. When used chronically consider a reduction in cabergoline dose if the patient presents with adverse drug effects.

	Interaction	Management
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Caffeine		
	No interaction reported.	No dosage adjustment required.
Calcitriol		
	No interaction reported.	No dosage adjustment required.
Calcium folinate		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Theoretically, calcium folinate may decrease dolutegravir absorption due to chelation.	As a precaution, separate doses by 2 hours.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Calcium salts		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Dolutegravir forms insoluble complexes with metals (di- and trivalent). If taken with food, this interaction is not clinically relevant.	Take dolutegravir and supplement with food, or take the calcium supplement a minimum of 2 hours after or 6 hours before dolutegravir.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Calcium containing products used as antacids may reduce plasma concentrations of atazanavir.	Administer atazanavir 2 hours before or 1 hour after calcium containing products used as antacids.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	Calcium products used as antacids increase gastric pH and may lead to decreased rilpivirine plasma concentrations.	Administer antacid at least 2 hours before or 4 hours following rilpivirine administration.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Capecitabine		
Abacavir	Abacavir may compete with the metabolic pathways of capecitabine.	Clinical relevance unknown. Monitor patient.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	Possible increase in etravirine exposure.	No dosage adjustment required, but monitor for etravirine adverse effects.
3TC/FTC	Lamivudine may compete with the metabolic pathways of capecitabine.	Clinical relevance unknown. Monitor patient.
LPV/ATV/DRV+r	LPV/r: Potential additive QT prolongation.	Use with caution.

	Interaction	Management
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	A clinically significant interaction is unlikely.	No dosage adjustment required.
Tenofovir	Tenofovir may compete with the metabolic pathways of capecitabine.	Clinical relevance unknown. Monitor patient.
Zidovudine	Zidovudine may compete with the metabolic pathways of capecitabine. Also, the risk of haematological toxicity may be potentially increased as both drugs can cause myelosuppression.	Closely monitor haematological parameters.
Capreomycin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Theoretically capreomycin exposure may be increased by dolutegravir via inhibition of renal transporter OCT2.	Monitor renal function.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	Theoretically competition for renal elimination transport mechanisms is possible, which could result in increased concentrations of either or both drugs.	Monitor renal function.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	Potential for additive nephrotoxicity with TDF. TAF unlikely to be problematic as it results in 90% lower systemic levels of tenofovir compared to TDF.	Avoid concurrent use with TDF or monitor renal function weekly if concurrent use unavoidable.
Zidovudine	No interaction reported.	No dosage adjustment required.
Captopril		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Clinically significant interaction unlikely.	Dosage adjustment not required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Carbamazepine		
Abacavir	May increase carbamazepine concentrations due to competition for glucuronidation.	Perform therapeutic drug monitoring for carbamazepine.

	Interaction	Management
Dolutegravir	Coadministration of carbamazepine and dolutegravir (50 mg once daily) decreased dolutegravir Cmax, AUC and Cmin by 33%, 49% and 73%, respectively.	Avoid coadministration if possible. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), levetiracetam, topiramate or lamotrigine. Double DTG dose to 50 mg 12-hourly in adults if an alternative anticonvulsant cannot be used. Avoid combination when integrase inhibitor resistance suspected.
Efavirenz	When efavirenz is administered concomitantly, there is a reduction in the plasma concentrations of both drugs.	Avoid combination. Valproic acid (contraindicated in pregnancy and women of childbearing age), topiramate or lamotrigine can be used as an alternative.
Etravirine	Reduced plasma concentrations of etravirine.	Avoid combination. Valproic acid (contraindicated in pregnancy and women of childbearing age), levetiracetam, topiramate or lamotrigine can be used as an alternative.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	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 (contraindicated in pregnancy and women of childbearing age), topiramate 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 (contraindicated in pregnancy and women of childbearing age), levetiracetam, topiramate or lamotrigine can be used as an alternative.
Rilpivirine	Theoretically rilpivirine concentrations may be reduced via induction of CYP3A enzymes.	Avoid combination. Valproic acid (contraindicated in pregnancy and women of childbearing age), levetiracetam, topiramate or lamotrigine can be used as an alternative.
Tenofovir	No clinically significant interaction expected with TDF. Coadministration of carbamazepine with emtricitabine/tenofovir alafenamide (200/25 mg once daily) decreased TAF AUC and Cmax by 55% and 57%, respectively. However, data from a study with rifampicin suggest that use of tenofovir alafenamide 25 mg once daily with carbamazepine may be acceptable.	No dosage adjustment required.
Zidovudine	May increase carbamazepine concentrations due to competition for glucuronidation.	Perform therapeutic drug monitoring for carbamazepine and monitor for potential additive haematological toxicity.
Carbimazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	Additive haematotoxicity.	If coadministration cannot be avoided, monitor closely.
Carboplatin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Potential for additive nephrotoxicity.TAF unlikely to be problematic as it results in 90% lower systemic levels of tenofovir compared to TDF.	TDF: Monitor renal function closely if concomitant use unavoidable. TAF: No dosage adjustment required.
Zidovudine	Potential for additive myelosuppression, particularly in the presence of renal dysfunction.	If concomitant administration is required monitor renal function and haematological parameters closely.
Carvedilol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Weak potential for increase or decrease of carvedilol concentrations. Net effect difficult to predict.	No a priori dosage adjustment required.
Etravirine	Etravirine could potentially increase carvedilol concentrations via CYP2C9 inhibition or decrease carvedilol concentrations via induction of glucuronidation (UGT1A1).	Monitor clinical effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Possibility of prolonged PR interval. Also DRV/r could potentially increase carvedilol concentrations via CYP2D6 inhibition or decrease carvedilol concentrations via induction of glucuronidation.	Use with caution. Clinical monitoring is recommended.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Cefalexin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction expected.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Tenofovir	TDF: Potential competition for renal transporters which could result in increased concentrations of either drug. TAF: No interaction expected.	TDF: Monitor for adverse effects. TAF: No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Cefazolin		
	No interaction reported.	No dosage adjustment required.
Cefepime		
	No interaction reported.	No dosage adjustment required.
Cefixime		
	No interaction reported.	No dosage adjustment required.
Cefotaxime		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	Clinically significant interaction unlikely.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Cefoxitin		
	No interaction reported.	No dosage adjustment required.
Ceftazidime		
	No interaction reported.	No dosage adjustment required.
Ceftriaxone		
	No interaction reported.	No dosage adjustment required.
Cefuroxime		
	No interaction reported.	No dosage adjustment required.
Cetirizine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased exposure and half-life of cetirizine.	No dosage adjustment required. Monitor patients for increased cetirizine side effects including drowsiness.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Chlorambucil		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor closely.
Chloramphenicol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically chloramphenicol may increase efavirenz levels.	Monitor for efavirenz toxicity.
Etravirine	Theoretically etravirine levels may be increased.	Monitor for adverse effects.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically chloramphenicol may increase PI levels.	Monitor for PI toxicity. Ocular use unlikely to cause clinically significant interaction.
Nevirapine	Theoretically chloramphenicol may increase nevirapine levels.	Monitor for nevirapine toxicity.
Rilpivirine	Clinically significant interaction unlikely.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Theoretically both chloramphenicol and zidovudine effects may be increased due to inhibition of glucuronidation. Also, both agents are bone marrow toxins.	Monitor FBC frequently.
Chlordiazepoxide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	The action of chlordiazepoxide may be decreased.	Monitor clinical effect.
Etravirine	The action of chlordiazepoxide may be decreased.	Monitor clinical response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	The activity of chlordiazepoxide may be increased.	Monitor closely and consider lowering the dose or use safer alternative e.g. oxazepam, temazepam, lorazepam.
Nevirapine	The action of chlordiazepoxide may be decreased.	Monitor clinical response.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Chloroquine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients. EFV could potentially increase chloroquine exposure (via inhibition of CYP2C8) or decrease chloroquine exposure (via induction of CYP3A4) although to a moderate extent due to the multiple elimination pathways.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Etravirine could potentially decrease chloroquine concentrations due to induction of CYP3A4, although to a moderate extent due to the multiple elimination pathways.	No dosage adjustment is recommended but monitor the efficacy of chloroquine.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically PIs may increase chloroquine levels. This results in an increased risk of QT interval prolongation.	Use alternative or monitor ECG. Monitor for ophthalmological toxicity in patients on long-term chloroquine therapy.
Nevirapine	Nevirapine could potentially decrease chloroquine concentrations due to induction of CYP3A4, although to a moderate extent due to the multiple elimination pathways.	No dosage adjustment is recommended but monitor the efficacy of the chloroquine.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Chlorphenamine (chlorpheniramine)		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically chlorpheniramine levels may be increased as ritonavir is a weak inhibitor of CYP2D6.	No a priori dosage adjustment required. Monitor for adverse effects.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Chlorpromazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretical interaction resulting in increased chlorpromazine levels. This results in an increased risk of QT interval prolongation.	Use alternative or monitor ECG.

	Interaction	Management
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematological toxicity.	Monitor FBC.
Cholestyramine		
	Cholestyramine may delay or reduce the absorption of other drugs.	Administration of other drugs should be at least 1 hour before or 4-6 hours after cholestyramine.
Cilazapril		
	No interaction reported.	No dosage adjustment required.
Cimetidine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No drug interaction reported, but theoretically cimetidine could increase efavirenz levels.	No dosage adjustment required, but monitor for side effects of efavirenz.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No clinically significant interaction with LPV/DRV/r, but cimetidine significantly reduces absorption of atazanavir.	Atazanavir: management complicated and dependent on ARV regimen and dose of cimetidine. Call 0800 212506 for advice.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	Coadministration may decrease rilpivirine concentrations, due to decreased absorption.	Use H2-antagonist that can be dosed once daily, and take it at least 12 hours before or 4 hours after rilpivirine.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No clinically significant interaction.	No dosage adjustment required.
Ciprofloxacin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	Theoretically ciprofloxacin could increase rilpivirine exposure. Ciprofloxacin and supra-therapeutic doses of rilpivirine increase the QT interval.	No dosage adjustment required. However, given the known QT prolongation risk associated with ciprofloxacin, caution is recommended.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Cisatracurium		
	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Cisplatin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	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.
LPV/ATV/DRV+r	Theoretically ritonavir could potentially slow down cisplatin renal elimination and increase the risk of nephrotoxicity.	Monitor renal function closely.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Additive risk of nephrotoxicity. TAF: Unlikely to be clinically relevant.	TDF: Closely monitor renal function.
Zidovudine	Additive haematotoxicity.	Monitor FBC closely.
Citalopram		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Citalopram is extensively metabolised by CYP450 enzymes and efavirenz could potentially decrease citalopram levels. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Citalopram is extensively metabolised by CYP450 enzymes and etravirine could theoretically decrease citalopram concentrations to a moderate extent.	Monitor therapeutic effect and adjust dose if required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Coadministration may increase citalopram concentrations and risk of QT interval prolongation.	Use alternative or monitor ECG.
Nevirapine	Citalopram is extensively metabolised by CYP450 enzymes. No interaction data available.	Use with caution.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Clarithromycin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential induction of CYP3A4 by efavirenz resulting in decreased clarithromycin levels. High incidence of rash in patients receiving both drugs. In addition, increased risk of QT interval prolongation in some patients.	If macrolide is needed consider using azithromycin which does not interact.

	Interaction	Management
Etravirine	Etravirine reduces clarithromycin exposure and increases that of its hydroxy metabolite. Clarithromycin slightly increases etravirine exposure.	Avoid combination if possible; consider use of azithromycin.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	LPV/r: Potential for increased clarithromycin levels and effects. ATV: increased atazanavir and clarithromycin exposure and reduced exposure of the active metabolite, 14-OH clarithromycin by 70%. DRV/r (low dose): AUC, maximum plasma concentration, and minimum plasma concentration of clarithromycin were increased by 57%, 26%, and 174%, respectively. The metabolite, 14-hydroxyclarithromycin, was not detectable. Increased risk of QT interval prolongation.	Use alternative or monitor ECG. If using consider dose adjustments as follows: ATV/r: No data. LPV/r and DRV/r: Use with caution and monitor. Dosage adjustment not required in patients with normal renal function. For patients with impaired renal function (CrCl 30-60 mL/min, dose reduce clarithromycin by 50%; CrCl less than 30 mL/min, dose reduce clarithromycin by 75%).
Nevirapine	Nevirapine decreases clarithromycin levels, but increases levels of its active metabolite. Also, nevirapine levels are increased slightly.	No dose adjustment is necessary, but close monitoring of hepatic abnormalities is advised. Activity against Mycobacterium avium-intracellulare complex (MAC) may be impaired. Use azithromycin instead.
Rilpivirine	Increase in rilpivirine concentrations expected. Both clarithromycin and rilpivirine at supratherapeutic doses have been shown to prolong the QTc interval.	Use with caution. Consider alternatives such as azithromycin.
Tenofovir	Clarithromycin is a P-gp inhibitor which can be expected to increase absorption of TDF and TAF, thereby increasing systemic concentration of tenofovir.	TDF: monitor renal function frequently. TAF: consider dosing at 10mg daily if available.
Zidovudine	Some reduction in zidovudine levels is likely if the two drugs are taken at the same time.	No dosage adjustment required, but give clarithromycin either 2 hours before or 2 hours after the zidovudine. Monitor for AZT efficacy.
Clindamycin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could potentially decrease clindamycin exposure.	Monitor efficacy.
Etravirine	Theoretically etravirine could potentially decrease clindamycin exposure.	Monitor efficacy.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically ritonavir may increase clindamycin levels.	Monitor for adverse events.
Nevirapine	Theoretically nevirapine could potentially decrease clindamycin exposure.	Monitor efficacy.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Clofazimine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No clinically relevant interaction expected.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Clomifene		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically, ritonavir inhibits CYP2D6, which transforms clomifene to its active metabolite.	Clinical significance is unknown, monitor efficacy of clomifene.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Clomipramine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could decrease clomipramine concentrations but increase the formation of the active metabolite. The clinical relevance is unknown. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Theoretically etravirine could decrease clomipramine concentrations but increase the formation of the active metabolite. The clinical relevance is unknown.	Monitor clinical effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Clomipramine levels may be increased, resulting in an increased risk of QT prolongation.	Use alternative or monitor ECG.
Nevirapine	Theoretically nevirapine could decrease clomipramine concentrations but increase the formation of the active metabolite. The clinical relevance is unknown.	Monitor clinical effect.
Rilpivirine	No interaction.	No dosage adjustment required.

	Interaction	Management
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Clonazepam		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible decrease in clonazepam levels.	Monitor response.
Etravirine	Theoretically etravirine may decrease clonazepam concentrations.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased clonazepam effects.	Avoid combination. Use safer alternative e.g. oxazepam, temazepam, lorazepam.
Nevirapine	Possible decrease in clonazepam concentrations and symptoms of withdrawal.	Monitor for clonazepam effects, and withdrawal symptoms when adding nevirapine to patient already on clonazepam.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Clonidine		
	No interaction reported.	No dosage adjustment required.
Clopidogrel		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz can decrease conversion of clopidogrel to its active metabolite via inhibition of CYP2C19.	Coadministration is not recommended.
Etravirine	Theoretically etravirine can decrease conversion of clopidogrel to its active metabolite via inhibition of CYP2C19.	Coadministration is not recommended.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Ritonavir decreased the AUC and Cmax of clopidogrel's active metabolite significantly leading to insufficient inhibition of platelet aggregation in 44% of the patients.	Coadministration is not recommended.
Nevirapine	Theoretically nevirapine is likely to increase the amount of active metabolites through induction of CYP3A4. In addition clopidogrel inhibits CYP2B6 and could potentially increase nevirapine concentrations.	Use with caution and with monitoring of clinical and side effects.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Clotrimazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No clinically significant interaction reported.	No dosage adjustment required.

	Interaction	Management
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	Potential weak increase in rilpivirine concentrations.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Cloxacillin		
	No interaction reported.	No dosage adjustment required.
Clozapine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may decrease clozapine concentrations. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Etravirine may decrease clozapine concentrations.	Monitor therapeutic effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	May cause increases in clozapine plasma concentrations increasing risk of arrythmias, QT prolongation, haematological abnormalities, seizures or other serious adverse effects.	Use alternative or monitor ECG. Monitor patients closely for response to and toxicity of clozapine.
Nevirapine	Nevirapine may decrease clozapine concentrations.	Monitor therapeutic effect.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Use with caution and monitor FBC closely.
Codeine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially decrease codeine exposure.	Monitor analgesic effect.
Etravirine	Etravirine could potentially decrease codeine exposure.	Monitor analgesic effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretical possibility that analgesic efficacy may be decreased.	Monitor for efficacy of codeine.
Nevirapine	Nevirapine could potentially decrease codeine exposure.	Monitor analgesic effect.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Colchicine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may reduce colchicine concentrations.	Monitor therapeutic effect.
Etravirine	Etravirine may reduce colchicine concentrations.	Monitor therapeutic effect.

	Interaction	Management
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Significant increases in colchicine levels.	Concomitant use not recommended. If concurrent use unavoidable: For treatment of gout, use half of the recommended dose. Dose not to be repeated within 3 days. For prophylaxis of gout, reduce colchicine dosage by 50 to 75%. Patients with renal or hepatic impairment should not be given colchicine with ritonavir.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No clinically significant interaction expected.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Contraceptives, oral		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz did not change ethinylestradiol (EE) AUC, but significantly reduced exposure to the active metabolites of norgestimate. In another study levonorgestrel levels were significantly reduced. Coadministration is expected to reduce contraceptive efficacy of desogestrel and efavirenz concentrations decreased by 22%.	Use with caution. Avoid low-dose oral contraceptives (< 35 mcg of EE). High dose oral or injectable contraceptive or IUD are options. In addition, a barrier method must be used.
Etravirine	Slightly increases ethinylestradiol exposure, but did not change norethisterone exposure or the suppression of ovulation.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Ethinylestradiol (EE) AUC decreased by 42% and norethisterone concentration also decreased by LPV/r. Unboosted atazanavir may increase EE levels. ATV/r decreased EE levels. DRV/r decreased EE AUC by 44%.	Use with caution. LPV/ATV/DRV/r: Avoid low-dose OCs (< 35 mcg of EE). High-dose oral or injectable contraceptive or IUD are options. In addition, a barrier method must be used. Atazanavir (unboosted): use no more than 30 mcg EE.
Nevirapine	Ethinylestradiol and norethisterone AUCs are decreased by 29% and 18% respectively by nevirapine.	Use with caution. Avoid low-dose OCs (< 35 mcg of EE). High-dose oral or injectable contraceptive or IUD are options. In addition, a barrier method must be used. Subsequent research has demonstrated no significant difference in ovulation and pregnancy rates.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Theoretically ethinylestradiol may increase AZT concentration via inhibition of glucuronidation.	Monitor for AZT toxicity.
Cyclophosphamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible increase in efficacy or toxicity.	Use with caution and monitor closely.
Etravirine	Etravirine could potentially increase the amount of drug converted to the inactive neurotoxic metabolite.	Careful monitoring of cyclophosphamide efficacy and toxicity is recommended.
3TC/FTC	No interaction reported.	No dosage adjustment required.

	Interaction	Management
LPV/ATV/DRV+r	Possible increase in efficacy or toxicity.	Use with caution and monitor closely.
Nevirapine	Possible increase in amount of active metabolite and increased neurotoxicity.	Use with caution.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive myelosuppression.	Monitor haematological parameters closely.
Cycloserine		
	No interaction reported.	No dosage adjustment required.
Cyclosporin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential reduction in the effect of cyclosporin.	Close monitoring is recommended with appropriate dose adjustment of cyclosporin.
Etravirine	Etravirine may reduce plasma concentrations of cyclosporin.	Monitor closely and adjust cyclosporin dose as indicated.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential increase in cyclosporin levels and effects resulting in increased adverse effects of immunosuppression and renal toxicity.	Monitor and adjust cyclosporin dose as indicated.
Nevirapine	Possible decrease in the clinical effects of cyclosporin.	Monitor and adjust cyclosporin dose as indicated.
Rilpivirine	Potential increase in rilpivirine concentrations.	No dosage adjustment required.
Tenofovir	TDF: Cyclosporin inhibits P-glycoprotein so plasma concentrations of TDF are expected to increase. Additive nephrotoxicity. TAF: Cyclosporin inhibits P-glycoprotein so plasma concentrations of TAF are expected to increase. Not expected to contribute to additive nephrotoxicty as systemic levels of tenofovir are 90% lower compared to TDF.	TDF: Renal function should be monitored during coadministration. TAF: Consider dosing at 10mg TAF daily if available.
Zidovudine	No interaction reported.	No dosage adjustment required.
Cyproterone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically cyproterone concentrations may decrease due to induction of CYP3A4. Contraceptive efficacy of combined cyproterone and ethinylestradiol may be affected.	A dosage adjustment may be required. Use additional barrier method when used as contraceptive.
Etravirine	Theoretically cyproterone concentrations may decrease due to induction of CYP3A4. Contraceptive efficacy of combined cyproterone and ethinylestradiol may be affected.	A dosage adjustment may be required. Use additional barrier method when used as contraceptive.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Cyproterone concentrations may increase due to inhibition of CYP3A4.	A dosage adjustment may be required.

	Interaction	Management
Nevirapine	Theoretically cyproterone concentrations may decrease due to induction of CYP3A4. Contraceptive efficacy of combined cyproterone and ethinylestradiol may be affected.	A dosage adjustment may be required. Use additional barrier method when used as contraceptive.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Dabigatran		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	Theoretically etravirine could potentially increase the exposure of dabigatran although to a limited extent via weak inhibition of P-glycoprotein.	Use with caution.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	ATV/r: Coadministration has not been studied. DRV/r: Coadministration of dabigatran 150mg single dose plus DRV/r 800/100mg once daily resulted in dabigatran Cmax and AUC increased by 22% and 18% respectively. RTV (100mg once daily alone): Simultaneous administration did not significantly change dabigatran pharmacokinetics. This suggests that dabigatran can be administered simultaneously with ritonavir used once daily to boost protease inhibitors such as atazanavir in patients with no renal impairment. There is no data when RTV is used twice daily as pharmacokinetic enhancer. LPV/r: A case report suggests that LPV/r has no clinically significant interaction with dabigatran.	Limited data, use with caution and close clinical monitoring. Caution is needed in patients with mild or moderate renal impairment as the dabigatran dose might need to be reduced in presence of a P-glycoprotein inhibitor such as ATV/LPV/DRV/r. Dabigatran is not recommended in patients with severe renal impairment.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	Rilpivirine may increase dabigatran concentrations via inhibition of intestinal P-glycoprotein.	Use with caution.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Dacarbazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Boosted PIs may increase conversion to the active metabolite, thereby possibly increasing efficacy and toxicity of dacarbazine.	Monitor side effects closely.

	Interaction	Management
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: TDF and dacarbazine may compete for renal transporters, with possible increases in the concentration of either drug. TAF: No interaction expected.	TDF: No a priori dosage adjustment required, but monitor renal function and haematological parameters. TAF: No dosage adjustment required.
Zidovudine	Potential additive haematotoxicity.	If concurrent treatment is needed monitor haematological parameters carefully.
Danazol		
	No interaction reported.	No dosage adjustment required.
Dapsone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Concurrent use of atazanavir and dapsone may result in an increased risk of hemolytic anaemia and symptomatic hyperbilirubinemia.	No dosage adjustment required, monitor.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematological toxicity.	Monitor for haematological toxicity.
Daunorubicin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential for additive cardiotoxicity.	No dosage adjustment required. Monitor for cardiac adverse effects.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive myelosuppression.	If concomitant treatment with potentially myelosuppressive drugs is necessary, care should be taken in monitoring haematological parameters.
Deferasirox		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Concurrent use with ritonavir may result in decreased deferasirox plasma concentrations.	Monitor response.
Nevirapine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Deferoxamine/desferrioxamine		
	No interaction reported.	No dosage adjustment required.
Delamanid		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients and higher rate of neuropsychiatric adverse effects.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Co-administration of delamanid with a strong inhibitor of CYP3A4 (LPV/r) increased DM-6705 exposure by 25-30%. QTc prolongation has been reported with delamanid (and is very closely correlated with the metabolite DM-6705). A similar increase would be expected with RTV when used to boost other PIs.	Use alternative or monitor ECG.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Desmopressin		
	No interaction reported.	No dosage adjustment required.
Dexamethasone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Decrease in efficacy of dexamethasone which is dose and duration dependent. No significant reduction of antiretroviral drug concentration expected due to dexamethasone.	Monitor for steroid effect. For dexamethasone dosage < 1.5 mg/day and between 1.5-16 mg/day and short treatment course (1-10 days) - double dose of dexamethasone. For dexamethasone > 16mg daily dose and short or long treatment course and dexamethasone between 1.5-16 mg daily dose and long treatment course (> 10 days) consider increasing dexamethasone dose if clinically needed. At the higher dose the induction effect of dexamethasone and the ARVs is likely to be comparable so that a decrease in dexamethasone exposure is less of a concern.

	Interaction	Management
Etravirine	Decrease in efficacy of dexamethasone which is dose and duration dependent. No significant reduction of antiretroviral drug concentration expected due to dexamethasone.	Monitor for steroid effect. For dexamethasone dosage < 1.5 mg/day and between 1.5-16 mg/day and short treatment course (1-10 days) - double dose of dexamethasone. For dexamethasone > 16mg daily dose and short or long treatment course and dexamethasone between 1.5-16 mg daily dose and long treatment course (> 10 days) consider increasing dexamethasone dose if clinically needed. At the higher dose the induction effect of dexamethasone and the ARVs is likely to be comparable so that a decrease in dexamethasone exposure is less of a concern.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Dexamethasone may decrease PI levels. Possible increase in levels and effects of dexamethasone.	Monitor for steroid effect. For dexamethasone dosage < 1.5 mg/day and between 1.5-16 mg/day and short treatment course (1-10 days) - No dosage adjustment required. Minimal risk of Cushing syndrome . For dexamethasone > 16mg daily dose and short or long treatment course and dexamethasone between 1.5-16 mg daily dose and long treatment course (> 10 days) - Use with caution, monitor antiviral response and perform TDM where available. Dosage reduction of dexamethasone may be needed.
Nevirapine	Decrease in efficacy of dexamethasone which is dose and duration dependent. No significant reduction of antiretroviral drug concentration expected due to dexamethasone.	Monitor for steroid effect. For dexamethasone dosage < 1.5 mg/day and between 1.5-16 mg/day and short treatment course (1-10 days) - double dose of dexamethasone. For dexamethasone > 16mg daily dose and short or long treatment course and dexamethasone between 1.5-16 mg daily dose and long treatment course (> 10 days) consider increasing dexamethasone dose if clinically needed. At the higher dose the induction effect of dexamethasone and the ARVs is likely to be comparable so that a decrease in dexamethasone exposure is less of a concern.
Rilpivirine	Rilpivirine exposure decreased via induction of CYP3A4 by dexamethasone.	Dexamethasone dosage < 1.5 mg/day not expected to cause clinically relevant interaction. For dexamethasone between 1.5-16 mg/day and short treatment course (1-10 days) - consider increase of rilpivirine dose to 50mg q24h in case substitution to another corticosteroid is not possible. For dexamethasone > 16mg daily dose and short or long treatment course and dexamethasone between 1.5-16 mg daily dose and long treatment course (> 10 days) - Contraindicated.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Diazepam		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Conflicting data on whether efavirenz is predicted to increase/decrease diazepam exposure.	Avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives.
Etravirine	Conflicting data on whether etravirine is predicted to increase/decrease diazepam exposure.	Alternatives to diazepam should be considered. Lorazepam, oxazepam or temazepam are safer alternatives.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Unpredictable.	Avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives.
Nevirapine	Theoretically nevirapine may reduce diazepam levels.	Monitor for diazepam effects, and withdrawal symptoms when adding nevirapine to patient already on diazepam.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Diazoxide		
	No interaction reported.	No dosage adjustment required.
Diclofenac		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may inhibit the metabolism of diclofenac. Clinical significance is unknown.	Use the lowest recommended dose of diclofenac particularly in patients with risk factors for cardiovascular disease, those patients at risk of developing gastrointestinal complications, patients with hepatic or renal impairment, and in elderly patients.
Etravirine	Theoretically etravirine may inhibit the metabolism of diclofenac. Clinical significance is unknown.	Use the lowest recommended dose of diclofenac particularly in patients with risk factors for cardiovascular disease, those patients at risk of developing gastrointestinal complications, patients with hepatic or renal impairment, and in elderly patients.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Potential for decreased renal elimination of TDF (thereby increasing the risk of nephrotoxicity) as diclofenac is a strong inhibitor of MRP4. A retrospective analysis showed that patients treated with diclofenac together with TDF containing regimens were at higher risk of developing an acute kidney injury when compared to patients treated with TDF-sparing regimens. TAF: No interaction expected.	TDF: Use with caution and monitor renal function closely. TAF: No dosage adjustment required.
Zidovudine	Increased risk of haematological toxicity.	Monitor.

	Interaction	Management
Digoxin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	Moderate increase in exposure and plasma concentrations of digoxin.	Monitor digoxin levels.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased digoxin effects and theoretically an additive effect on PR interval prolongation.	Start with lowest dose of digoxin and monitor digoxin levels.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	In a clinical study rilpivirine had no significant effect on digoxin pharmacokinetics.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Dihydralazine		
	No interaction reported.	No dosage adjustment required.
Dihydrocodeine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically a complicated interaction to predict.	No a priori dosage adjustment required, but monitor for analgesic effect and signs of opiate toxicity.
Etravirine	Theoretically a complicated interaction to predict.	No a priori dosage adjustment required, but monitor for analgesic effect and signs of opiate toxicity.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically a complicated interaction to predict.	No a priori dosage adjustment required, but monitor for analgesic effect and signs of opiate toxicity.
Nevirapine	Theoretically a complicated interaction to predict.	No a priori dosage adjustment required, but monitor for analgesic effect and signs of opiate toxicity.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Diltiazem		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Decreased diltiazem levels (AUC decreased by 69%).	Adjust dose according to clinical response.
Etravirine	Theoretically diltiazem could increase etravirine concentrations and etravirine could potentially decrease diltiazem concentrations.	No dosage adjustment required for etravirine. Monitor diltiazem clinical effect and adjust dosage if needed.
3TC/FTC	No interaction reported.	No dosage adjustment required.

	Interaction	Management
LPV/ATV/DRV+r	Plasma concentrations of diltiazem may be increased. Unboosted atazanavir increased diltiazem AUC by 2-3-fold. Possible increased risk of PR and QT interval prolongation.	Use alternative or monitor ECG. If using, initiate diltiazem at low dose. Monitor and adjust dose if required. Unboosted atazanavir: reduce diltiazem dose by 50% and monitor ECG.
Nevirapine	Possible decrease in diltiazem plasma concentrations with a possible decrease in clinical effects.	Monitor closely and adjust dosage as required.
Rilpivirine	Diltiazem may increase rilpivirine concentrations.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Dinoprostone		
	No interaction reported.	No dosage adjustment required.
Disopyramide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Dolutegravir may impair renal elimination of disopyramide.	Use with caution and monitor.
Efavirenz	Theoretically levels of disopyramide may be decreased. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Etravirine is expected to decrease plasma concentrations of disopyramide.	Use with caution and monitor.
3TC/FTC	Potential decrease in lamivudine renal elimination.	No dosage adjustment required.
LPV/ATV/DRV+r	Plasma concentrations of disopyramide may be increased and thereby the risk of cardiac arrhythmias and QT prolongation.	Coadministration is not recommended.
Nevirapine	Clinical effect of disopyramide may be reduced due to decreased plasma concentrations.	Disopyramide dose adjustment may be needed due to possible decrease in clinical effect.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Disulfiram		
Abacavir	Abacavir concentrations may increase due to inhibition of alcohol dehydrogenase by disulfiram.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	LPV/r oral solution contains alcohol. Disulfiram reaction (e.g. nausea, vomiting, hypotension, headache) may occur due to the inhibition of alcohol- and aldehyde dehydrogenase by disulfiram.	Do not coadminister disulfiram and LPV/r oral solution; consider LPV/r tablets.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	No interaction reported.	No dosage adjustment required.
Dobutamine		
	No interaction reported.	No dosage adjustment required.
Docetaxel		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically docetaxel concentrations may be decreased.	Monitor response.
Etravirine	Theoretically docetaxel concentrations may be reduced.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Ritonavir may result in increased docetaxel concentrations and toxicity. Several case reports of severe haematological and cutaneous toxicity exist.	Ideally avoid concurrent administration.
Nevirapine	Theoretically docetaxel concentrations may be decreased.	Monitor response.
Rilpivirine	Clinically significant interaction unlikely.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematologic toxicity.	Use with caution and monitor patient closely.
Domperidone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could potentially reduce domperidone exposure via CYP3A4 induction. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Theoretically etravirine could potentially reduce domperidone exposure via CYP3A4 induction.	Monitor response and adjust dose if required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically protease inhibitors could increase domperidone exposure via CYP3A4 inhibition and increase risk of toxicity including QT interval prolongation.	Avoid combination.
Nevirapine	Theoretically nevirapine could potentially reduce domperidone exposure via CYP3A4 induction.	Monitor response and adjust dose if required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Dopamine		
	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Doxazosin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz, an inducer of CYP3A4, could potentially decrease doxazosin exposure.	Monitor clinical effect and increase doxazosin dosage if needed. For the treatment of benign prostatic hyperplasia (BPH), depending on the patient's urodynamics and BPH symptomatology, doxazosin dose may be increased from 1 mg/day to 2 mg/day and thereafter 4 mg/day with a maximum recommended dose of 8 mg/day. The recommended titration interval is 1-2 weeks with routine blood pressure monitoring.
Etravirine	Etravirine could potentially decrease doxazosin exposure.	Monitor clinical effect and increase doxazosin dosage if needed. For the treatment of benign prostatic hyperplasia (BPH), depending on the patient's urodynamics and BPH symptomatology, doxazosin dose may be increased from 1 mg/day to 2 mg/day and thereafter 4 mg/day with a maximum recommended dose of 8 mg/day. The recommended titration interval is 1-2 weeks with routine blood pressure monitoring.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	PIs are predicted to increase doxazosin exposure which can result in hypotension.	Use with caution. For patients already taking a PI, start doxazosin at the lowest dose (i.e., 1 mg daily) and increase dose slowly based on tolerance until an effective dose is reached. For patients already taking doxazosin, monitor blood pressure and reduce doxazosin dose as needed if hypotension occurs on starting PI.
Nevirapine	Nevirapine, an inducer of CYP3A4, could potentially decrease doxazosin exposure.	Monitor clinical effect and increase doxazosin dosage if needed. For the treatment of benign prostatic hyperplasia (BPH), depending on the patient's urodynamics and BPH symptomatology, doxazosin dose may be increased from 1 mg/day to 2 mg/day and thereafter 4 mg/day with a maximum recommended dose of 8 mg/day. The recommended titration interval is 1-2 weeks with routine blood pressure monitoring.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Doxorubicin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Pharmacokinetic interaction is unlikely. Additive cardiotoxicity possible.	ECG monitoring recommended.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	Additive haematologic toxicity (neutropenia).	Avoid concomitant use if possible. If concomitant therapy is necessary, monitor renal and haematological parameters closely and adjust dose if required.
Doxycycline		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically doxycycline levels may be decreased.	Monitor response.
Etravirine	Theoretically doxycycline levels may be decreased.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	Theoretically doxycycline levels may be decreased.	Monitor response.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Droperidol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically protease inhibitors may inhibit metabolism of droperidol, resulting in an increased risk of QT interval prolongation.	Use alternative or monitor ECG.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Enalapril		
	No interaction reported.	No dosage adjustment required.
Enoxaparin		
	No interaction reported.	No dosage adjustment required.
Ephedrine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Ephedrine exposure can possibly be increased by inhibition of the renal transporter OCT2 by dolutegravir.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	3TC: Potential competition for active renal transport mechanisms which may lead to increased levels of either drugs. FTC: No interaction.	No dosage adjustment required. Monitor for adverse effects.

	Interaction	Management
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction expected.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Epirubicin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could increase epirubicin concentrations via inhibition of UGT2B7. Epirubicin has been associated with QT prolongation and there is an increased risk of QT interval prolongation in some patients.	Use alternative or monitor closely for adverse effects of epirubicin and monitor ECG.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Epirubicin is glucuronidated by UGT2B7. Ritonavir could potentially reduce epirubicin concentrations via induction of UGT2B7 and thus decrease the efficacy. LPV/r: Potential additive QT interval prolongation.	Monitor response. LPV/r: use with caution.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	Interaction unlikely.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive myelotoxicity possible.	Closely monitor for adverse haematological effects.
Ergometrine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential decrease in ergometrine exposure due to induction of CYP3A4 by efavirenz.	Use with caution and monitor clinical effect.
Etravirine	Potential decrease in ergometrine exposure due to induction of CYP3A4 by etravirine.	Use with caution and monitor clinical effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	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.
Rilpivirine	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.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential decrease in ergotamine exposure due to induction of CYP3A4 by efavirenz.	Use with caution and monitor clinical effect.

	Interaction	Management
Etravirine	Potential decrease in ergotamine exposure due to induction of CYP3A4 by etravirine.	Use with caution and monitor clinical effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased ergotamine toxicity.	These drugs should not be coadministered.
Nevirapine	May result in decreased ergotamine concentrations.	Monitor response.
Rilpivirine	Rilpivirine concentrations may be increased.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ertapenem		
	No interaction reported.	No dosage adjustment required.
Erythromycin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically erythromycin may increase efavirenz levels. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Theoretically erythromycin may increase etravirine concentrations.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	PIs could increase concentrations of erythromycin and this may result in an increase in toxicity, especially cardiac adverse events (QT interval prolongation).	Use alternative or monitor ECG.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	Rilpivirine concentrations may be increased. Supratherapeutic doses of 75 mg daily and 300 mg daily were associated with QTc prolongation but equivalent rilpivirine concentrations are unlikely to occur with erythromycin.	Use with caution. Consider alternatives such as azithromycin.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Erythropoietin (epoetins)		
	No interaction reported.	No dosage adjustment required.
Esomeprazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz halves omeprazole exposure.	Monitor response.
Etravirine	No data for esomeprazole, but omeprazole slightly increases etravirine exposure, and etravirine inhibits omeprazole metabolism.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	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.

	Interaction	Management
Rilpivirine	Decreased rilpivirine concentrations due to reduced absorption of rilpivirine as a result of an increase in gastric pH.	Avoid combination.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Estradiol (HRT)		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may decrease estradiol exposure (as part of hormone replacement therapy).	Monitor for signs of estrogen deficiency.
Etravirine	Etravirine may decrease estradiol exposure (as part of hormone replacement therapy).	Monitor for signs of estrogen deficiency.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Protease inhibitors may decrease estradiol exposure (as part of hormone replacement therapy) due to induction of CYP1A2.	Monitor for estrogen deficiency.
Nevirapine	Nevirapine may decrease estradiol exposure (as part of hormone replacement therapy).	Monitor for estrogen deficiency.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Estrogens (conjugated)		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Coadministration is predicted to decrease exposure of conjugated estrogens.	Monitor for estrogen deficiency.
Etravirine	Coadministration is predicted to decrease exposure of conjugated estrogens.	Monitor for estrogen deficiency.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically estradiol exposure could potentially decrease due to induction of CYP1A2 and glucuronidation (rather than increase it due to inhibition of CYP3A4).	Monitor for signs of estrogen deficiency.
Nevirapine	Coadministration is predicted to decrease exposure of conjugated estrogens.	Monitor for estrogen deficiency.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ethambutol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	No interaction reported.	No dosage adjustment required.
Ethanol		
Abacavir	Ethanol may increase levels of abacavir. Abacavir may decrease alcohol tolerance.	Usually not clinically significant.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically relevant interaction expected.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No clinically relevant interaction reported.	No dosage adjustment required.
Nevirapine	No clinically relevant interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ethionamide		
	No interaction reported.	No dosage adjustment required.
Etomidate		
	No interaction reported.	No dosage adjustment required.
Etonogestrel		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Coadministration decreases etonogestrel due to induction of CYP3A4. Increased risk of pregnancy has been reported.	Contraindicated.
Etravirine	Coadministration is predicted to decrease etonogestrel due to induction of CYP3A4.	Use another method of contraception.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant effect.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Etoposide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz can potentially decrease etoposide exposure.	Monitor clinical effect.
Etravirine	Etravirine can potentially decrease etoposide exposure.	Monitor clinical effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Possible increase or decrease in etoposide exposure.	Monitor closely for etoposide toxicity.
Nevirapine	Nevirapine can potentially decrease etoposide exposure.	Monitor clinical effect.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	Possible additive myelotoxicity.	If concomitant use cannot be avoided monitor haematological parameters closely.
Everolimus		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease everolimus levels.	Monitor reponse.
Etravirine	Theoretically etravirine may decrease everolimus levels.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	A large increase in everolimus exposure is predicted.	Coadministration is not recommended.
Nevirapine	Theoretically nevirapine may decrease everolimus levels.	Monitor response.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Exemestane		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease exemestane concentrations.	Monitor therapeutic effect.
Etravirine	Theoretically etravirine may decrease exemestane concentrations.	Monitor therapeutic effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction expected.	No a priori dosage adjustment required.
Nevirapine	Theoretically nevirapine may decrease exemestane concentrations.	Monitor therapeutic effect.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ezetimibe		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Atazanavir alone and ATV/r could potentially increase ezetimibe exposure.	Start with the lowest possible ezetimibe dose. Close monitoring is recommended.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Famciclovir		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: May increase concentrations of famciclovir and tenofovir due to competition for active tubular secretion. TAF: no interaction expected.	TDF: No dosage adjustment required, but renal function should be monitored. TAF: No intervention required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Fenoterol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically relevant interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No clinically relevant interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Fentanyl		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential decrease in fentanyl concentrations.	Monitor individual response. Alter the drug dosage if required.
Etravirine	Possible decrease in fentanyl plasma concentrations decreasing the clinical effect.	Monitor individual patients. Adjust dosage of fentanyl if required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Fentanyl clearance decreased. Increase in fentanyl effects e.g. sedation, confusion, respiratory depression.	Monitor closely. Start with a low dose of fentanyl and titrate. These drugs should not be used together without careful risk benefit assessment and careful monitoring of therapeutic and adverse effects.
Nevirapine	Possible decrease in fentanyl plasma concentrations decreasing the clinical effect.	Monitor individual patients. Adjust dosage of fentanyl if required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Ferrous salts		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Dolutegravir forms insoluble complexes with metals (di- and trivalent). If taken with food, this interaction is not clinically important.	Take dolutegravir and supplement with food, or take the iron supplement a minimum of 2 hours after or 6 hours before dolutegravir.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Filgrastim		
	No interaction reported.	No dosage adjustment required.
Flecainide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Possible decrease in flecainide plasma concentrations.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Flecainide levels may be increased, resulting in an increased risk of cardiac arrhythmias such as QT prolongation.	Do not coadminister.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported at therapeutic doses.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Flucloxacillin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	Theoretically, rilpivirine concentrations may be decreased due to induction of CYP3A4 and P-glycoprotein by flucloxacillin.	Use with caution.
Tenofovir	TDF: Theoretically can compete at the level of OAT1-mediated renal secretion which can potentially decrease their renal elimination. TAF: No interaction expected.	TDF: Monitor for adverse effects. TAF: No caution needed.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Fluconazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Etravirine AUC increased by 86%.	No dose adjustment recommended. Monitor for increased etravirine adverse effects.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No clinically significant kinetic interaction reported. LPV/r: Potential additive QT interval prolongation.	No dosage adjustment required. LPV/r: Use with caution.
Nevirapine	Coadministration 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.
Rilpivirine	Potential increase in rilpivirine concentrations and small decrease in fluconazole AUC.	No dosage adjustment required for rilpivirine. Monitor clinical effect of fluconazole.
Tenofovir	TDF: Fluconazole could potentially increase the absorption of TDF (via inhibition of P-glycoprotein), thereby increasing the systemic concentration of TDF. TAF: Possible increased levels of TAF.	No dosage adjustment recommended. Monitor renal function.
Zidovudine	Increased zidovudine effects.	No dosage adjustment required, but monitor for zidovudine toxicity.
Fludarabine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Possibility of additive myelotoxicity.	Monitor haematological parameters.
Fludrocortisone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease fludrocortisone concentrations.	Monitor response and adjust dose if needed.
Etravirine	Theoretically etravirine may decrease fludrocortisone concentrations.	Monitor response and adjust dose if needed.
3TC/FTC	No interaction reported.	No dosage adjustment required.

	Interaction	Management
LPV/ATV/DRV+r	Theoretically protease inhibitors may increase fludrocortisone concentrations via inhibition of CYP3A4.	Concomitant administration is not recommended unless potential benefit outweighs risk of systemic corticosteroid effects. Use alternative treatments.
Nevirapine	Theoretically nevirapine may decrease fludrocortisone concentrations.	Monitor response and adjust dose if needed.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Fluorescein		
	No interaction reported.	No dosage adjustment required.
Fluoxetine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction expected.	No dosage adjustment required
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential moderate increase in fluoxetine concentrations. This results in an increased risk of QT interval prolongation.	Use alternative or monitor ECG.
Nevirapine	No interaction expected.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Flupentixol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	LPV/r: Potential additive QT interval prolongation.	LPV/r: Use with caution.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Fluphenazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically both ritonavir and fluphenazine levels may be increased.	Use with caution and monitor closely for side effects.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor closely.
Flurazepam		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may decrease levels of flurazepam.	Monitor clinical effect and withdrawal symptoms.
Etravirine	Etravirine could potentially decrease flurazepam exposure.	Monitor clinical effect and withdrawal symptoms.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased risk of sedation, respiratory depression and confusion.	Do not coadminister these drugs. Use safer alternatives e.g. oxazepam, temazepam, lorazepam.
Nevirapine	Theoretical risk of reducing flurazepam levels.	Monitor for flurazepam effects, and withdrawal symptoms when adding nevirapine to patient already on flurazepam.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Fluticasone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically fluticasone and efavirenz levels may be decreased.	Monitor for steroid effect.
Etravirine	Theoretically fluticasone levels may be decreased.	Monitor for steroid effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased fluticasone levels possibly resulting in decreased plasma cortisol concentrations (e.g. Cushing's syndrome, adrenal suppression).	Avoid combination. Safer alternative is beclomethasone.
Nevirapine	Theoretically fluticasone levels may be reduced.	Monitor for steroid effect.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Folic acid		
	No interaction reported.	No dosage adjustment required.
Formoterol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction expected.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential for pharmacokinetic interaction is low.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.

	Interaction	Management
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Fosfomycin		
	No interaction reported.	No dosage adjustment required.
Furosemide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction expected.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Furosemide could potentially decrease renal elimination of TDF. TAF: No interaction reported.	TDF: No dosage adjustment required, but renal function needs to be closely monitored. TAF: No dose adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Fusidic acid		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	One case report states significant elevation of fusidic acid and ritonavir levels and hepatotoxicity.	Use with caution.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Gabapentin		
	No interaction reported.	No dosage adjustment required.
Ganciclovir		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Additive nephrotoxicity. TAF: No interaction reported.	TDF: If possible avoid concurrent use. If concomitant use is unavoidable monitor renal function weekly. TAF: No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Avoid combination.

	Interaction	Management
Garlic		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Theoretically dolutegravir concentrations could be decreased via induction of CYP3A4 and/or P-glycoprotein.	Garlic should be avoided.
Efavirenz	Theoretically garlic supplements may reduce efavirenz levels.	Until more is known about this potential interaction garlic should be avoided.
Etravirine	Theoretically garlic supplements may reduce etravirine levels.	Until more is known about this potential interaction garlic should be avoided.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	A case report describes treatment failure and a reduction of approximately 70% in atazanavir AUC in a patient consuming garlic cloves (six garlic cloves three times weekly) whilst taking atazanavir/ritonavir (300/100 mg once daily) and tenofovir/emtricitabine.	Avoid combined use.
Nevirapine	Theoretically garlic supplements may reduce nevirapine levels.	Until more is known about this potential interaction garlic should be avoided.
Rilpivirine	Garlic may affect rilpivirine metabolism.	Until more is known about this potential interaction garlic should be avoided.
Tenofovir	No clinically significant interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Gemcitabine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Possible additive myelotoxicity.	Closely monitor haematological parameters.
Gemfibrozil		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No clinically significant interaction expected.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	In one study LPV/r decreased gemfibrozil AUC by 41%. Gemfibrozil is mainly metabolised by UGT2B7. Ritonavir induces glucuronidation and therefore gemfibrozil exposure could potentially be decreased to a moderate extent.	No a priori dosage adjustment is recommended. Monitor for clinical response.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	No interaction reported.	No dosage adjustment required.
Gentamicin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Potential for additive renal toxicity. TAF: No interaction expected.	TDF: Avoid concurrent use or monitor renal function weekly if concurrent use unavoidable. TAF: No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Glibenclamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially decrease glibenclamide concentrations.	Monitor clinical effect and increase glibenclamide dosage if needed.
Etravirine	Etravirine could potentially decrease glibenclamide concentrations.	Monitor clinical effect and increase glibenclamide dosage if needed.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically ritonavir can increase plasma concentrations of glibenclamide.	Monitor therapeutic effect of glibenclamide and reduce dosage if needed.
Nevirapine	Nevirapine could potentially decrease glibenclamide concentrations.	Monitor clinical effect and increase glibenclamide dosage if needed.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Gliclazide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported, however theoretically efavirenz inhibits the enzyme which breaks down gliclazide, which may result in higher gliclazide levels.	Monitor clinical effect and decrease gliclazide dosage if needed.
Etravirine	No interaction reported, however theoretically etravirine inhibits the enzyme which breaks down gliclazide, which may result in higher gliclazide levels.	Monitor clinical effect and decrease gliclazide dosage if needed.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretical possibility of decreased gliclazide concentrations via ritonavir's potential to induce CYP2C9 of which gliclazide is a substrate.	Monitor individual response to concomitant therapy.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	No interaction reported.	No dosage adjustment required.
Glimepiride		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported, however theoretically efavirenz inhibits CYP2C9 and glimepiride is mainly metabolised by CYP2C9. As a result glimepiride concentrations may be increased.	Monitor clinical effect and decrease glimepiride dosage if needed.
Etravirine	No interaction reported, however theoretically etravirine is a weak inhibitor of CYP2C9 and glimepiride is mainly metabolised by CYP2C9. As a result glimepiride concentrations may be increased.	Monitor clinical effect and decrease glimepiride dosage if needed.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported, however glimepiride is mainly metabolized by CYP2C9 and ritonavir is a modest inducer of CYP2C9, which could potentially decrease glimepiride concentrations.	Monitor clinical effect and increase glimepiride dosage if needed.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Glycopyrronium		
	No interaction reported.	No dosage adjustment required.
Goserelin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction expected.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Granisetron		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible decrease in granisetron concentrations. Increased risk of QT interval prolongation in some patients.	Monitor therapeutic effects and ECG. Or use alternative medicine that does not prolong QT interval. Phone 0800212506 for help.
Etravirine	Possible decrease in granisetron concentrations.	Monitor therapeutic effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	LPV/r: Potential additive QT interval prolongation.	LPV/r: Use with caution.

	Interaction	Management
Nevirapine	Possible decrease in granisetron concentrations.	Monitor therapeutic effect.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Griseofulvin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically griseofulvin as an enzyme inducer may decrease plasma levels of efavirenz.	Use with caution.
Etravirine	Theoretically griseofulvin as an enzyme inducer may decrease plasma levels of etravirine.	Use with caution.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically griseofulvin as a liver enzyme inducer may decrease plasma levels of protease inhibitors.	Use with caution.
Nevirapine	Theoretically griseofulvin as a liver enzyme inducer may decrease plasma levels of nevirapine.	Use with caution.
Rilpivirine	Theoretically griseofulvin as an enzyme inducer may decrease plasma levels of rilpivirine.	Use with caution.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No clinically significant interaction expected.	No dosage adjustment required.
Haloperidol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially decrease haloperidol exposure. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Etravirine could potentially decrease haloperidol exposure.	No dosage adjustment required, but monitor therapeutic effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Protease inhibitors may increase serum levels of haloperidol although to a moderate extent. This results in an increased risk of QT interval prolongation.	Use alternative or monitor ECG.
Nevirapine	Nevirapine could potentially decrease haloperidol exposure.	No dosage adjustment required, but monitor therapeutic effect.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Heparin		
	No interaction reported.	No dosage adjustment required.
Hydralazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Potential additive renal toxicity. TAF: No interaction expected.	TDF: Monitor renal function if coadministered. No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Hydrochlorothiazide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction expected.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Hydrocortisone (oral)		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically hydrocortisone levels may be reduced.	Monitor for steroid effect and consider increase in hydrocortisone dose.
Etravirine	Theoretically hydrocortisone levels may be reduced.	Monitor for steroid effect and consider increase in hydrocortisone dose.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Corticosteroid levels may be increased and protease inhibitor levels may be reduced.	Monitor for steroid effect and consider dose reduction of hydrocortisone. Ideally, protease inhibitor levels should be monitored.
Nevirapine	Theoretically hydrocortisone levels may be reduced.	Monitor for steroid effect and consider increase in hydrocortisone dose.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Hyoscine butylbromide		
	No interaction reported.	No dosage adjustment required.
Ibandronic acid		
	Possible interference with absorption of ibandronic acid.	Wait at least 30 minutes after taking ibandronic acid before taking any other oral medicinal product.
Ibuprofen		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may increase ibuprofen levels via inhibition of CYP2C9.	Use lowest recommended dose of ibuprofen especially in high risk patients e.g. the elderly.
Etravirine	Theoretically etravirine may increase ibuprofen levels.	Use the lowest recommended dose of ibuprofen especially in high risk patients e.g. the elderly.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically protease inhibitors may decrease ibuprofen levels due to induction of CYP2C9.	Monitor effects of ibuprofen, dosage adjustment is unlikely to be required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Coadministration of NSAIDs and TDF may increase the risk of nephrotoxicity in particular if an NSAID is used for a long duration, if the patient has pre-existing renal dysfunction, has a low body weight, or receives other drugs that may increase tenofovir exposure. TAF: No interaction reported.	TDF: Use with caution and monitor renal function. Alternatives to NSAIDs should be considered in patients at risk for renal dysfunction. TAF: No dosage adjustment required.
Zidovudine	Additive risk of haematological toxicity.	Monitor.
Ifosfamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically may reduce efficacy of ifosfamide and increase toxicity. Efavirenz levels may also be altered.	Use with caution.
Etravirine	Increased risk of ifosfamide toxicity and reduction of effectiveness via decreased metabolism to active metabolites. Theoretically etravirine levels could be reduced.	Use with caution.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically may reduce efficacy of ifosfamide. Potential for ifosfamide to decrease protease inhibitor levels.	Use with caution.
Nevirapine	Increased risk of ifosfamide toxicity and reduced effectiveness of ifosfamide. Potential for nevirapine levels to be altered.	Use with caution.
Rilpivirine	Ifosfamide can potentially increase or decrease rilpivirine levels via modulation of CYP3A4 activity.	Use with caution. Monitor response.

	Interaction	Management
Tenofovir	TDF: Additive nephrotoxicity. TAF: No interaction expected.	TDF: Avoid concurrent use if possible. Otherwise, monitor renal function closely. TAF: No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor haematological parameters.
Imatinib		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could potentially decrease imatinib exposure via induction of CYP3A4, potentially increasing the risk of therapeutic failure. Imatinib may increase exposure of CYP3A4 substrates, such as efavirenz.	Consider alternative therapeutic agents.
Etravirine	Theoretically etravirine could potentially decrease imatinib exposure via induction of CYP3A4, potentially increasing the risk of therapeutic failure. Imatinib may increase exposure of CYP3A4 substrates, such as etravirine.	Consider alternative therapeutic agents.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically, imatinib levels are expected to be increased. Only one study in 11 patients has been conducted with ritonavir which showed minimal effect on imatinib at steady state, although exposure to the active metabolite was slightly increased (approximately 40%). This may result in an increased risk of QT interval prolongation.	Use alternative or monitor ECG.
Nevirapine	Theoretically nevirapine could potentially decrease imatinib exposure via induction of CYP3A4, potentially increasing the risk of therapeutic failure. Imatinib may increase exposure of CYP3A4 substrates, such as nevirapine.	Consider alternative therapeutic agents.
Rilpivirine	Imatinib could potentially increase rilpivirine exposure by inhibition of CYP3A4.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Close monitoring required.
Imipenem and cilastatin		
	No interaction reported.	No dosage adjustment required.
Imipramine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could decrease imipramine concentrations. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Theoretically etravirine could decrease imipramine concentrations.	Monitor therapeutic response and adjust dose if required.
3TC/FTC	No interaction reported.	No dosage adjustment required.

	Interaction	Management
LPV/ATV/DRV+r	Protease inhibitors could potentially increase imipramine concentrations. This results in an increased risk of QT interval prolongation.	Use alternative or monitor ECG.
Nevirapine	Theoretically nevirapine could decrease imipramine concentrations.	Monitor therapeutic response and adjust dose if required.
Rilpivirine	Clinically significant interaction unlikely as rilpivirine at the recommended dose of 25 mg daily, is not associated with a clinically relevant effect on QTc interval.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Indometacin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Coadministration of NSAIDs and TDF may increase the risk of nephrotoxicity in particular if an NSAID is used for a long duration, if the patient has pre-existing renal dysfunction, has a low body weight, or receives other drugs that may increase tenofovir exposure. TAF: No interaction reported.	TDF: Use with caution and monitor renal function. In high risk patients consider using an alternative to NSAIDs. TAF: No dosage adjustment required.
Zidovudine	Increased risk of haematological toxicity.	Monitor.
Insulins and analogues		
	No interaction reported.	No dosage adjustment required.
Interferon alfa		
Abacavir	Some data suggest lower response rate to pegylated interferon therapy if on abacavir.	Monitor closely for treatment-associated toxicities, especially hepatic decompensation and anaemia.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No significant kinetic interaction.	Monitor closely for treatment-associated toxicities, especially hepatic decompensation.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	Pharmacokinetic interaction unlikely.	Closely monitor for treatment-associated toxicities, especially hepatic decompensation and anaemia.
Zidovudine	Similar toxicity profiles. Interferon alfa increases zidovudine exposure.	Coadministration not recommended. If used together, monitor for haematological toxicity, renal function and for hepatic decompensation.

	Interaction	Management
Iodine		
	No interaction reported.	No dosage adjustment required.
Ipratropium bromide		
	No interaction reported.	No dosage adjustment required.
Irinotecan		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible increase in conversion to inactive metabolites of irinotecan.	Monitor clinical efficacy.
Etravirine	Possible increase in conversion to inactive metabolites of irinotecan.	Monitor clinical efficacy.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased risk of irinotecan toxicities.	If possible do not coadminister, otherwise close monitoring for irinotecan-induced toxicity recommended.
Nevirapine	Possible increase in conversion to inactive metabolites of irinotecan.	Monitor clinical efficacy.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Possible additive myelotoxicity.	Monitor haematological parameters.
Iron preparations		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Dolutegravir forms insoluble complexes with metals (di- and trivalent). If taken with food, this interaction is not clinically important.	Take dolutegravir and supplement with food, or take the iron supplement a minimum of 2 hours after or 6 hours before dolutegravir.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Isoniazid		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Isosorbide dinitrate		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Inducers of CYP3A4 such as efavirenz may increase production of the active substance nitric oxide.	The clinical relevance of this potential interaction is unknown.
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.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	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	Inducers of CYP3A4 such as nevirapine may increase production of the active substance nitric oxide.	The clinical relevance of this potential interaction is unknown.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Isotretinoin		
Abacavir	Possible interaction due to the common pathway of elimination via alcohol dehydrogenase.	Insufficient data to recommend dosage adjustment.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially increase isotretinoin level (inhibition of CYP2C8) or decrease isotretinoin level (induction of CYP3A4).	Monitoring of side effects is recommended.
Etravirine	Etravirine could potentially decrease isotretinoin levels although to a moderate extent.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Protease inhibitors could potentially increase isotretinoin concentrations by inhibition of CYP2C8 and CYP3A4.	Monitor therapeutic response and toxicity.
Nevirapine	Nevirapine could potentially decrease isotretinoin levels although to a moderate extent.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Itraconazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Itraconazole effects decreased. In addition, increased risk of QT interval prolongation in some patients.	Avoid concurrent use.

	Interaction	Management
Etravirine	Etravirine is predicted to decrease itraconazole concentrations, and itraconazole is expected to increase etravirine plasma concentrations.	Use with caution.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Effects of both itraconazole and protease inhibitors may be increased. This results in an increased risk of QT interval prolongation.	Use alternative or monitor ECG.
Nevirapine	Itraconazole levels reduced.	Do not coadminister.
Rilpivirine	Potential increase in rilpivirine concentrations. Ketoconazole AUC decreased 24% by 150mg rilpivirine.	No dosage adjustment required. Monitor clinical effect of antifungal.
Tenofovir	TDF and TAF absorption may be increased via P-glycoprotein inhibition, thereby increasing the systemic concentration.	TDF: Monitor renal function frequently. TAF: Consider decreasing the dose to 10mg daily if available.
Zidovudine	No interaction reported.	No dosage adjustment required.
Kanamycin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	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.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Potential for additive nephrotoxicity. TAF: No interaction reported.	TDF: Avoid concurrent use or monitor renal function weekly if concurrent use unavoidable. TAF: No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ketamine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially decrease ketamine exposure.	Monitor clinical effect and adjust dosage if needed.
Etravirine	Etravirine could potentially decrease ketamine exposure.	Monitor clinical effect and adjust dosage if needed.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Protease inhibitors could potentially increase ketamine exposure.	A dose adjustment may be needed.
Nevirapine	Nevirapine could potentially decrease ketamine exposure.	Monitor clinical effect and adjust dosage if needed.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Ketoconazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential decrease in ketoconazole effects. Also additive risk of QT prolongation in some patients.	Coadministration is not recommended.
Etravirine	Increased etravirine plasma concentrations and decreased ketoconazole plasma concentrations.	Do not coadminister.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Possible increased ketoconazole effects and decreased or increased protease inhibitor effects. This results in an increased risk of QT interval prolongation.	Manufacturer recommends against using high doses of ketoconazole (>200mg daily). Use alternative or monitor ECG.
Nevirapine	Decreased ketoconazole effects and increased nevirapine effects.	Do not coadminister.
Rilpivirine	Rilpivirine AUC increased by 49%, and ketoconazole AUC decreased by 24% when administered together.	No dosage adjustment required. Monitor antifungal response.
Tenofovir	Increased absorption of TDF and TAF via inhibition of P-glycoprotein is possible, resulting in increased systemic concentrations.	TDF: Monitor renal function frequently. TAF: Reduce the dose to 10mg daily if available.
Zidovudine	No interaction reported.	No dosage adjustment required.
Labetalol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically labetalol exposure could decrease due to induction of UGT1A1.	Monitor effect and increase dosage if needed.
Etravirine	Theoretically labetalol exposure could decrease due to induction of UGT1A1.	Monitor effect and increase dosage if needed.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Atazanavir: Additive PR prolongation. All PI/r combinations could potentially decrease labetalol exposure due to induction of UGT2B7 by ritonavir.	Monitor effect and adjust dosage if needed. Atazanavir: Monitor for PR interval prolongation.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Lactulose		
	No interaction reported.	No dosage adjustment required.
Lamotrigine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Lamotrigine is mainly glucuronidated by UGT1A4. Efavirenz induces UGT1A4 and therefore could potentially decrease lamotrigine exposure.	Monitor the therapeutic response to lamotrigine and increase dose if needed.

	Interaction	Management
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Decrease in lamotrigine levels by about 50% due to induction of glucuronidation by ritonavir.	Monitor therapeutic effect. An increase in lamotrigine dosage may be required when PI/r is added and a decrease in dose when PI/r discontinued.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Lansoprazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction expected.	No dosage adjustment required.
Etravirine	No clinically significant interaction.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Atazanavir AUC decreased by 94%.	Atazanavir: concurrent use not recommended.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	Decreased rilpivirine concentrations due to reduced absorption of rilpivirine via increase in gastric pH.	Avoid combination.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Leflunomide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Leflunomide inhibits organic anion transporter-3 of which zidovudine is a substrate.	Use with caution.
Letrozole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential increased conversion to inactive metabolite of letrozole.	Use with caution.
Etravirine	Potential increased conversion to inactive metabolite of letrozole.	Use with caution.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Possible increase in letrozole concentrations.	No dosage adjustment required, but monitor for side effects.

	Interaction	Management
Nevirapine	Potential increased conversion to inactive metabolite of letrozole.	Use with caution.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Levetiracetam		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	LPV/r: Potential additive QT interval prolongation.	LPV/r: Use with caution.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Levodopa		
	No interaction reported.	No dosage adjustment required.
Levodopa / carbidopa		
	No interaction reported.	No dosage adjustment required.
Levofloxacin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported. However, in vitro data indicate that levofloxacin inhibits OCT2 and could potentially increase lamivudine concentrations.	No dosage adjustment required.
LPV/ATV/DRV+r	LPV/r: Potential additive QT interval prolongation.	LPV/r: Use with caution.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Levonorgestrel (progestogen-only pill / emergency contraception)		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Efavirenz	Efavirenz significantly decreases levonorgestrel exposure. There are also a number of reports of pregnancies in women using levonorgestrel implants with enzyme inducers like efavirenz.	Do not coadminister.
Etravirine	Etravirine could potentially decrease levonorgestrel exposure to a small extent.	Contraceptive efficacy unlikely to be significantly impaired.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Coadministration has not been studied. Protease inhibitors may increase levonorgestrel exposure, but contraceptive efficacy is unlikely to be affected.	No dosage adjustment required.
Nevirapine	Coadministration has not been studied, however studies with combined oral contraceptives suggest no clinically relevant interaction with levonorgestrel when used either as progestogen-only pill or as emergency contraception.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Levothyroxine sodium		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could possibly induce glucuronidation thereby increasing elimination of levothyroxine.	Close monitoring of thyroid hormone parameters is recommended and adjustment of the levothyroxine dose may be necessary if clinically indicated.
Etravirine	Etravirine could possibly induce glucuronidation thereby increasing elimination of levothyroxine.	Close monitoring of thyroid hormone parameters is recommended and adjustment of the levothyroxine dose may be necessary if clinically indicated.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased TSH levels. Look for signs and symptoms of hypothyroidism.	Monitor and adjust levothyroxine as indicated.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Lidocaine (lignocaine)		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease lidocaine levels.	Monitor closely.
Etravirine	Decreased plasma concentrations of lidocaine.	Use with caution and monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.

	Interaction	Management
LPV/ATV/DRV+r	Concentrations of systemic lidocaine may be increased and has the potential to produce serious adverse effects (hypotension, cardiac arrhythmias).	Monitor and adjust lidocaine as indicated.
Nevirapine	Potential decrease in lidocaine levels.	Dose adjustment may be needed due to possible decrease in clinical effect.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Linezolid		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive mitochondrial and haematotoxicity.	Monitor closely for development of peripheral neuropathy and lactic acidosis. Monitor FBC. If on long-term linezolid, do not coadminister.
Liquid paraffin (mineral oil)		
	Liquid paraffin may impair absorption of many orally administered drugs.	Space at least 2 hours from any other drugs.
Lisinopril		
	No interaction reported.	No dosage adjustment required.
Lithium		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Two case reports of decreased lithium concentrations with ATV/r. LPV/r: Potential additive QT interval prolongation.	Use with caution. Monitor lithium levels.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: No kinetic interaction reported, but additive nephrotoxicity. TAF: No interaction expected.	TDF: Monitor renal function closely. TAF: No dose adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Loperamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Coadministration has not been studied. Ritonavir 600mg substantially increases the levels of loperamide, but did not result in opioid CNS effects. This may result in an increased risk of QT interval prolongation. However, cardiac events are unlikely to occur when loperamide is dosed as an antidiarrheal even if coadministered with protease inhibitors. Caution is advised when loperamide is used at high doses for reducing stoma output, particularly as patients may be at increased risk of cardiac events due to electrolyte disturbances.	Use with caution and monitor ECG if possible.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Loratadine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported. Theoretically, efavirenz may decrease the concentration of loratadine.	Monitor patients closely.
Etravirine	Decreased loratadine level.	Monitor therapeutic response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically protease inhibitors may increase levels of loratadine.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Lorazepam		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction expected.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	Theoretically a modest increase in the bioavailability of zidovudine. Concurrent use can increase the incidence of headaches.	If headaches occur, discontinue lorazepam.
Losartan		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could decrease the conversion to the more pharmacologically active metabolite via inhibition of CYP2C9.	Monitor clinical effect.
Etravirine	Theoretically etravirine could decrease the conversion to the more pharmacologically active metabolite via inhibition of CYP2C9.	Monitor clinical effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	ATV/r, DRV/r and LPV/r could increase the conversion to the more pharmacologically active metabolite. Atazanavir alone is unlikely to alter losartan concentrations.	Monitor clinical effect.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Magnesium hydroxide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Dolutegravir forms insoluble complexes with metals (di- and trivalent).	Take the magnesium supplement a minimum of 2 hours after or 6 hours before dolutegravir. Avoid combination in the presence of integrase class resistance.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Atazanavir solubility/absorption decreases as pH increases.	Atazanavir should be administered 2 hours before or 1 hour after antacids.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	Rilpivirine plasma concentration decreases as the pH increases.	Administer antacids at least 2 hours before or 4 hours after rilpivirine.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Mannitol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	Mannitol decreases the exposure to lamivudine.	If possible avoid chronic coadministration of mannitol with lamivudine. Otherwise monitor VL more frequently.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Mebendazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may reduce mebendazole levels. This may be clinically important in patients on high doses for echinococcosis.	Monitor response.
Etravirine	Theoretically etravirine may reduce mebendazole levels. This may be clinically important in patients on high doses for echinococcosis.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	In one small study mebendazole exposure was reduced when coadministered with ritonavir. The effect of administering a ritonavir-boosted protease inhibitor on mebendazole pharmacokinetics is not known.	Monitor response.
Nevirapine	Theoretically nevirapine may reduce mebendazole levels. This may be clinically important in patients on high doses for echinococcosis.	Monitor response.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Potential for additive haematotoxicity.	Monitor haematological parameters.
Medroxyprogesterone (injectable)		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No clinically significant interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Medroxyprogesterone (oral)		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically medroxyprogesterone levels may be decreased.	Monitor clinical effect.
Etravirine	Theoretically medroxyprogesterone levels may be decreased.	Monitor clinical effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically concentration of medroxyprogesterone may be increased.	Monitor for side effects.

	Interaction	Management
Nevirapine	Theoretically medroxyprogesterone levels may be decreased.	Monitor clinical effect.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Mefloquine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could potentially decrease mefloquine exposure. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Theoretically etravirine could potentially decrease mefloquine exposure which may impair efficacy.	Use an alternative if possible.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Mefloquine decreases steady-state ritonavir exposure.	Use with caution, no dosage adjustment recommended.
Nevirapine	Theoretically nevirapine could potentially decrease mefloquine exposure which may impair efficacy.	Use an alternative if possible.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Meropenem		
	No interaction reported.	No dosage adjustment required.
Mesalazine (mesalamine)		
	No interaction reported.	No dosage adjustment required.
Metformin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Dolutegravir increases metformin AUC by 79% (once daily dolutegravir) - 145% (twice daily dolutegravir).	Limit total daily dose of metformin to 1000mg when starting metformin or dolutegravir. Monitor renal function and blood glucose when starting and stopping.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	Coadministration of single dose of metformin 850mg and rilpivirine did not significantly change metformin pharmacokinetics.	No dosage adjustment required.
Tenofovir	Limited data suggests an increased risk of lactic acidosis.	No dosage adjustment required. Monitor patient clinically.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Methadone		
Abacavir	Concurrent use of abacavir and methadone may result in increased methadone plasma clearance.	Monitor for evidence of withdrawal symptoms and re-titrate methadone if required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	In one study efavirenz decreased methadone Cmax (45%) and AUC (52%). In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	One study in 16 subjects showed that etravirine had no clinically relevant effect on the pharmacokinetics of methadone.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	LPV/r: Decreased the AUC of methadone by 28% in a study with 15 subjects. There was an increase in opiate withdrawal symptoms. Potential additive QT interval prolongation.	Titrate methadone dose as required. LPV/r: Use wih caution.
Nevirapine	In one study with 9 patients the clearance of methadone was increased by 3-fold resulting in symptoms of withdrawal in 7 of the 9 patients.	Methadone maintained patients beginning nevirapine therapy should be monitored for evidence of withdrawal and methadone dose should be adjusted accordingly.
Rilpivirine	Methadone AUC decreased by 16% when coadministered with rilpivirine 25mg/d.	Use with caution. Titrate methadone dose as required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Methadone can increase zidovudine AUC (29-43%).	Monitor for zidovudine toxicity.
Methotrexate		
Abacavir	No clinically significant interaction.	No dosage adjustment required.
Dolutegravir	No kinetic interaction.	No dosage adjustment required.
Efavirenz	No kinetic interaction.	No dosage adjustment required.
Etravirine	No kinetic interaction.	No dosage adjustment required.
3TC/FTC	No clinically significant interaction.	No dosage adjustment required.
LPV/ATV/DRV+r	No kinetic interaction.	No dosage adjustment required.
Nevirapine	Additive liver toxicity.	Use with caution in HIV patients and monitor closely.
Rilpivirine	No kinetic interaction.	No dosage adjustment required.
Tenofovir	TDF: Methotrexate and TDF may both cause renal toxicity. TAF: No interaction expected.	TDF: If coadministered, close monitoring of renal function is recommended. TAF: No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Use with caution in HIV patients and monitor closely.
Methyldopa		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor closely.
Methylphenidate		
	No interaction reported.	No dosage adjustment required.
Metoclopramide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Metoprolol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Plasma concentrations of metoprolol may be increased, increasing the risk of cardiovascular and neurological side effects. The interaction cannot be predicted. Potential for additive PR interval prolongation.	Use with caution and monitor the patient for increased side effects of metoprolol and decrease the metoprolol dose if needed.
Nevirapine	No clinically significant interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Metronidazole		
Abacavir	Metronidazole may increase abacavir concentrations due to inhibition of alcohol dehydrogenase.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	LPV/r oral solution contains alcohol. Concomitant use may result in disulfiram-like reaction.	Do not coadminister, may consider LPV/r tablets.
Nevirapine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Rilpivirine	Possibility for increase in rilpivirine concentrations.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Mianserin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could decrease mianserin concentrations to a moderate extent.	Monitor clinical effect.
Etravirine	Theoretically etravirine could decrease mianserin concentrations to a moderate extent.	Monitor clinical effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically protease inhibitors could increase mianserin concentrations to a moderate extent. This results in an increased risk of QT interval prolongation.	Use alternative or monitor ECG.
Nevirapine	Theoretically nevirapine could decrease mianserin concentrations to a moderate extent.	Monitor clinical effect.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Micafungin		
	No interaction reported.	No dosage adjustment required.
Miconazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No clinically significant interaction.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	Potential for increase in rilpivirine concentrations.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Midazolam		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased clearance of midazolam.	Monitor clinical effect and withdrawal symptoms.
Etravirine	Etravirine, an inducer of CYP3A4, could potentially decrease midazolam exposure.	Monitor clinical effect and withdrawal symptoms.
3TC/FTC	No interaction reported.	No dosage adjustment required.

	Interaction	Management
LPV/ATV/DRV+r	Midazolam levels may be raised, increasing risk of prolonged sedation, confusion and respiratory depression.	Oral midazolam: avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives. Single dose parenteral administration may be used with caution.
Nevirapine	Theoretically nevirapine may decrease levels of midazolam.	Monitor for midazolam effects and withdrawal symptoms when adding nevirapine to patient already on midazolam.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Mifepristone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may decrease the levels of mifepristone via CYP3A4 induction.	Monitor for clinical efficacy of mifepristone.
Etravirine	Etravirine may decrease the levels of mifepristone via CYP3A4 induction.	Monitor for clinical efficacy of mifepristone.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential for increased mifepristone levels due to CYP3A4 inhibition. Unlikely to be clinically significant, but could result in an increased risk of QT interval prolongation.	Use alternative or monitor ECG.
Nevirapine	Nevirapine may decrease the levels of mifepristone via CYP3A4 induction.	Monitor for clinical efficacy of mifepristone.
Rilpivirine	Potential increase in rilpivirine concentrations.	Clinical significance not known. Monitor for signs of toxicity.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Minoxidil		
	No interaction reported.	No dosage adjustment required.
Misoprostol		
	No interaction reported.	No dosage adjustment required.
Montelukast		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could increase montelukast exposure via inhibition of CYP2C8.	No dosage adjustment recommended.
Etravirine	Theoretically etravirine could decrease montelukast exposure via induction of CYP3A4.	No dosage adjustment recommended.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically montelukast exposure could potentially increase moderately due to inhibition of CYP2C8.	No dosage adjustment recommended.
Nevirapine	Theoretically nevirapine could decrease montelukast exposure to a limited extent via induction of CYP3A4.	No dosage adjustment recommended.
Rilpivirine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Morphine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could potentially increase morphine concentrations via competition or inhibition of UGT2B7.	Monitor for signs of opiate toxicity.
Etravirine	Etravirine is a weak inhibitor of P-glycoprotein and could potentially increase amount of morphine entering the CNS.	Monitor for adverse effects.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically lower levels of morphine may be expected, but also increased formation of active metabolite.	Monitor for response and toxicity.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Moxifloxacin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	A small study in 58 patients showed that moxifloxacin AUC was reduced in patients on efavirenz. This interaction needs further investigation. In addition, another study concluded that patients in higher weight bands may require increased doses of moxifloxacin in general. Also, increased risk of QT prolongation in some patients.	Close monitoring of therapeutic response to moxifloxacin is recommended. Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Moxifloxacin is predominantly glucuronidated by UGT1A1. Etravirine induces UGT1A1 and therefore could potentially decrease moxifloxacin levels.	Monitor the clinical response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Atazanavir may increase moxifloxacin levels via inhibition of glucuronidation. This may result in an increased risk of QT prolongation with moxifloxacin.	Use alternative or monitor ECG.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Mycophenolate mofetil		
Abacavir	Abacavir could alter mycophenolate levels.	Concentration monitoring of mycophenolate is recommended.
Dolutegravir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Efavirenz	Mycophenolate mofetil is a prodrug of mycophenolic acid (MPA). MPA undergoes glucuronidation; coadministration of inducers or inhibitors of glucuronidation, such as some PIs and NNRTIs, could alter mycophenolate levels.	Concentration monitoring of mycophenolate is recommended.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Mycophenolate mofetil is a prodrug of mycophenolic acid (MPA). MPA undergoes glucuronidation; coadministration of inducers or inhibitors of glucuronidation, such as some PIs and NNRTIs, could alter mycophenolate levels.	Concentration monitoring of mycophenolate is recommended.
Nevirapine	In one small study nevirapine exposure was reduced moderately (AUC by 13%). Mycophenolate mofetil is a prodrug of mycophenolic acid (MPA). MPA undergoes glucuronidation; coadministration of inducers or inhibitors of glucuronidation, such as some PIs and NNRTIs, could alter mycophenolate levels.	Concentration monitoring of mycophenolate is recommended.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Concentrations of both substances could possibly be increased due to competition for active tubular secretion. In vitro data suggest that mycophenolic acid (active metabolite) inhibits the renal transporters OAT1/OAT3. TAF: No interaction expected.	TDF: Closely monitor renal function due to the risk of tubular necrosis that may occur with both drugs. TAF: No dosage adjustment required.
Zidovudine	AZT could alter mycophenolate levels.	Concentration monitoring of mycophenolate is recommended.
Nalidixic acid		
	No interaction reported.	No dosage adjustment required.
Naloxone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically lower levels of naloxone may be expected.	Monitor response.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Neostigmine		
	No interaction reported.	No dosage adjustment required.
Nicotinamide		
	No interaction reported.	No dosage adjustment required.
Nicotinic acid		
	No interaction reported.	No dosage adjustment required.
Nifedipine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	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.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	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.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Nilotinib		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically, efavirenz could potentially decrease nilotinib exposure via induction of CYP3A4. Nilotinib may also moderately increase exposure of CYP3A4 substrates, such as efavirenz. Additive QT prolongation.	Consider alternative to efavirenz or monitor therapeutic effect of nilotinib and do ECG.
Etravirine	Theoretically, etravirine could potentially decrease nilotinib exposure via induction of CYP3A4. Nilotinib may also increase exposure of CYP3A4 substrates, such as etravirine.	Consider alternative to etravirine or monitor nilotinib therapeutic response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential increase in nilotinib exposure, with increased risk of QT prolongation.	Avoid combination if possible. If unavoidable, call 0800212506 for more information on dose adjustments, depending on the indication for use of nilotinib, and monitor ECG.
Nevirapine	Theoretically, nevirapine could potentially decrease nilotinib exposure via induction of CYP3A4. Nilotinib may also increase exposure of CYP3A4 substrates, such as nevirapine.	Consider alternative to nevirapine.
Rilpivirine	Nilotinib is a weak inhibitor of CYP3A4 and could potentially increase rilpivirine exposure to a moderate extent. Nilotinib and supratherapeutic doses of rilpivirine have been shown to prolong the QT interval.	Use with caution.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	No interaction reported.	No dosage adjustment required.
Nimodipine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Concurrent use may result in reduced nimodipine plasma concentrations.	Monitor response.
Etravirine	Concurrent use may result in reduced nimodipine plasma concentrations.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Concurrent use may result in increased nimodipine serum concentrations.	Monitor for adverse events and lower dose if required.
Nevirapine	Concurrent use may result in reduced nimodipine plasma concentrations.	Monitor response.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Nitrofurantoin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive myelosuppression.	Monitor haematological parameters.
Norethisterone (oral)		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may decrease norethisterone exposure (as part of hormone replacement therapy).	Monitor for efficacy of HRT.
Etravirine	Etravirine may decrease norethisterone exposure (as part of hormone replacement therapy).	Monitor for efficacy of HRT.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Possible increase in norethisterone exposure.	Monitor for possible adverse effects, no dose adjustment required.
Nevirapine	Possible decrease in norethisterone exposure (as part of HRT).	Monitor for efficacy of HRT.
Rilpivirine	No interaction expected.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Norethisterone enanthate (injectable)		
	No interaction reported.	No dosage adjustment required.
Nystatin		
	No interaction reported.	No dosage adjustment required.
Octreotide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential decrease in octreotide exposure.	Monitor therapeutic effect and adjust dosage if required.
Etravirine	Potential decrease in octreotide exposure.	Monitor therapeutic effect and adjust dose if required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential increase in octreotide exposure.	Monitor for adverse effects.
Nevirapine	Potential decrease in octreotide exposure.	Monitor therapeutic effect of octreotide and adjust dose if required.
Rilpivirine	Potential increase in rilpivirine exposure.	Clinical relevance unknown.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ofloxacin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	Clinically significant interaction unlikely.	No dosage adjustment required.
LPV/ATV/DRV+r	LPV/r: Potential additive QT interval prolongation.	LPV/r: Use with caution.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Olanzapine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	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. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	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.
Rilpivirine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Omeprazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz halves omeprazole exposure. Also, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No clinically significant interaction.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential for an increase in omeprazole metabolism. Atazanavir: 75% reduction in AUC of atazanavir.	Monitor therapeutic response of omeprazole with DRV/LPV/r. Atazanavir: concurrent use not recommended.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	Decreased rilpivirine concentrations due to reduced absorption of rilpivirine via an increase in gastric pH.	Avoid combination.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ondansetron		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Protease inhibitors could potentially increase ondansetron exposure although to a limited extent. This may result in an increased risk of QT interval prolongation.	Use alternative or monitor ECG.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Orciprenaline		
	No interaction reported.	No dosage adjustment required.
Orphenadrine		
	No interaction reported.	No dosage adjustment required.
Oxaliplatin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Potential decrease in oxaliplatin efficacy due to inhibition of OCT2 by dolutegravir as OCT2 is expressed in some tumour cells where it will facilitate the entry of cytostatic agents such as oxaliplatin (but not cisplatin).	Consider alternative antiretroviral options.
Efavirenz	Increased risk of QT prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG.

	Interaction	Management
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	Potential competition for renal transporters.	Monitor for side effects of both drugs.
LPV/ATV/DRV+r	LPV/r: potential additive QT interval prolongation.	LPV/r: use with caution.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	TDF: Potential for additive nephrotoxicity.	Monitor renal function closely.
Zidovudine	Potential for additive haematological toxicity.	Monitor haematological parameters closely.
Oxazepam		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No clinically significant interaction.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	A modest increase in the bioavailability of zidovudine. Concurrent use can increase the incidence of headaches.	If headaches occur, discontinue oxazepam.
Oxybutynin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease oxybutynin concentrations due to induction of CYP3A4.	Monitor effect of oxybutynin.
Etravirine	Theoretically etravirine may decrease oxybutynin concentrations due to induction of CYP3A4.	Monitor effect of oxybutynin.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically oxybutynin concentrations may increase due to inhibition of CYP3A4. This could result in increased anticholinergic effects.	Avoid coadministration in elderly patients.
Nevirapine	Nevirapine may decrease concentrations of oxybutynin due to induction of CYP3A4.	Monitor effect of oxybutynin.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Oxymetazoline		
	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Oxytocin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	LPV/r: Potential additive QT interval prolongation.	LPV/r: use with caution.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction expected.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Paclitaxel		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Possibility of decrease in dolutegravir concentrations via induction of UGT1A1 by paclitaxel.	Use with caution. Monitor response to antiretroviral therapy.
Efavirenz	Possible increase in paclitaxel levels due to inhibition of CYP2C8.	Use with caution and monitor for paclitaxel induced toxicity.
Etravirine	Potential moderate decrease in paclitaxel exposure. Also potential decrease in etravirine concentrations.	Monitor response to antiretroviral therapy.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Possible increase in paclitaxel levels and toxicity with increased risk and severity of myelosuppression, constitutional symptoms and peripheral neuropathy.	Use with caution and monitor closely for paclitaxel toxicity.
Nevirapine	Theoretically nevirapine may reduce paclitaxel concentrations. In one patient no pharmacokinetic interaction was found.	Monitor response.
Rilpivirine	Possible decrease in rilpivirine concentrations via induction of CYP3A4 by paclitaxel.	Use with caution. Monitor response to antiretroviral therapy.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Possible additive haematotoxicity.	Monitor FBC closely.
Pamidronic acid		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Potential for additive renal toxicity. TAF: No interaction expected.	TDF: Avoid concurrent use or monitor renal function. TAF: No dosage adjustment required.

	Interaction	Management
Zidovudine	No interaction reported.	No dosage adjustment required.
Pancuronium		
	No interaction reported.	No dosage adjustment required.
Pantoprazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No data available for pantoprazole but other PPIs reduce atazanavir AUC by 75-94%.	Coadministration of atazanavir and proton pump inhibitors is not recommended.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	Decreased rilpivirine concentrations due to reduced absorption of rilpivirine via an increase in gastric pH.	Avoid combination.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Para-amino salicylic acid (PAS)		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	In vitro data suggest that dolutegravir inhibits OCT2 and may increase the exposure of PAS.	Clinical relevance unknown.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	Theoretically there is potential for competition for elimination via renal transport proteins, which may lead to increased concentrations of either drug.	Monitor for toxicity.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	Clinically significant interaction is unlikely.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Paracetamol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No clinically significant interaction.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No clinically significant interaction.	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.

	Interaction	Management
Penicillamine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Additive nephrotoxicity. TAF: No interaction reported.	TDF: Monitor renal function closely. TAF: No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor FBC closely.
Perindopril		
	No interaction reported.	No dosage adjustment required.
Permethrin		
	No interaction reported.	No dosage adjustment required.
Pethidine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz induces CYP2B6 and CYP3A4 which could potentially reduce pethidine levels and 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.	Use with caution and avoid long term use.
Etravirine	Potential increase in the amount of the neurotoxic metabolite and thereby increased risk of seizures.	Use with caution and avoid long-term use.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically decreased pethidine AUC but increased AUC of norpethidine (a neurotoxic metabolite) via induction of CYP2B6 by ritonavir.	Long term use of pethidine and PIs is not recommended due to the increased concentration of norpethidine which may increase the risk of seizures.
Nevirapine	Nevirapine induces CYP2B6 and CYP3A4 and could potentially increase concentrations of norpethidine a neurotoxic metabolite which may increase the risk of seizures. There is a risk of toxicity with long term therapy.	Use with caution and avoid long term use.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Phenobarbital (phenobarbitone)		
Abacavir	Possible slight decrease in abacavir concentrations due to induction of UDP-glucuronyltransferases.	Monitor response.

	Interaction	Management
Dolutegravir	Decreased dolutegravir concentrations expected due to induction of UGT1A1 and CYP3A by phenobarbital.	Avoid coadministration if possible. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), levetiracetam, topiramate or lamotrigine. Double DTG dose to 50 mg 12-hourly in adults if an alternative anticonvulsant cannot be used. Avoid combination when integrase inhibitor resistance suspected.
Efavirenz	Possible decrease in efavirenz and phenobarbital concentrations.	Avoid combination. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), topiramate or lamotrigine.
Etravirine	Decreased etravirine concentrations.	Avoid combination. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), levetiracetam, topiramate or lamotrigine.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Phenobarbital induces CYP3A4 and may decrease protease inhibitor concentrations.	Avoid combination. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), topiramate or lamotrigine (may require higher dose).
Nevirapine	Possible decrease in nevirapine levels.	Avoid combination. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), levetiracetam, topiramate or lamotrigine.
Rilpivirine	Expected decrease in rilpivirine concentrations due to induction of CYP3A by phenobarbital.	Avoid combination. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), levetiracetam, topiramate or lamotrigine.
Tenofovir	No interaction expected.	No dosage adjustment required.
Zidovudine	May decrease zidovudine concentrations as phenobarbital has been shown to induce zidovudine glucuronidation by 4-fold in rats.	Monitor response.
Phenoxymethylpenicillin		
	No interaction reported.	No dosage adjustment required.
Phenylephrine		
	No interaction reported.	No dosage adjustment required.
Phenytoin		
Abacavir	Slight decrease in plasma concentration of abacavir.	Monitor response.
Dolutegravir	Decreased dolutegravir concentrations expected due to induction of UGT1A1 and CYP3A by phenytoin.	Avoid coadministration if possible. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), levetiracetam, topiramate or lamotrigine. Double DTG dose to 50 mg 12-hourly in adults if an alternative anticonvulsant cannot be used. Avoid combination when integrase inhibitor resistance suspected.
Efavirenz	Theoretically there is the potential for reduction or increase in the plasma concentrations of phenytoin and decrease in efavirenz concentrations.	Avoid combination. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), topiramate or lamotrigine.

	Interaction	Management
Etravirine	Decreased etravirine concentrations.	Avoid combination. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), levetiracetam, topiramate or lamotrigine.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Possible decrease in protease inhibitor and phenytoin concentrations.	Avoid combination. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), topiramate or lamotrigine (may require higher dose).
Nevirapine	Potential for decreased nevirapine concentrations.	Avoid combination. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), levetiracetam, topiramate or lamotrigine.
Rilpivirine	Decreased rilpivirine concentrations expected due to induction of CYP3A by phenytoin.	Avoid combination. Safer alternatives are valproic acid (contraindicated in pregnancy and women of childbearing age), levetiracetam, topiramate or lamotrigine.
Tenofovir	TDF: No interaction reported. TAF: No clinically significant interaction expected, although phenytoin, a P-glycoprotein inducer, may reduce TAF concentrations.	No dosage adjustment required.
Zidovudine	Moderate decrease in AZT clearance and altered phenytoin levels.	Monitor FBC for AZT toxicity and monitor phenytoin levels.
Pilocarpine		
	No interaction reported.	No dosage adjustment required.
Pimozide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT or monitor ECG. Phone 0800212506 for help.
Etravirine	Etravirine may decrease pimozide levels.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased pimozide effects such as cardiac arrhythmias are possible. Increased risk of QT interval prolongation.	Do not coadminister.
Nevirapine	Theoretically nevirapine may decrease pimozide levels.	Monitor response closely.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Piperacillin and tazobactam		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Piperacillin can compete with tenofovir (derived from TDF) for active tubular secretion resulting in higher tenofovir concentrations. TAF: No interaction expected.	TDF: No dosage adjustment required. Monitor for nephrotoxicity. TAF: No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Piroxicam		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported, but theoretically efavirenz could increase piroxicam levels.	Monitor for side effects of piroxicam, especially GI and CNS.
Etravirine	No interaction reported, but theoretically piroxicam levels could be slightly increased.	Monitor for adverse effects.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No clinically significant interaction expected.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Coadministration of NSAIDs and TDF may increase the risk of nephrotoxicity in particular if an NSAID is used for a long duration, if the patient has pre-existing renal dysfunction, has a low body weight, or receives other drugs that may increase tenofovir exposure. TAF: No interaction reported.	TDF: Use with caution and monitor renal function. Alternatives to NSAIDs should be considered in patients at risk for renal dysfunction. TAF: No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Pramipexole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Dolutegravir inhibits OCT2 and may increase pramipexole exposure.	No a priori dosage recommendation is needed unless the patient presents with pramipexole-related side effects.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	Concentrations of both medicines could possibly be increased due to competition for active tubular secretion, as pramipexole is a substrate of the renal transporter OCT2.	Monitor for side effects.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction expected.	No dosage adjustment required.

	Interaction	Management
Pravastatin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz administration resulted in a median 40% decrease in pravastatin exposure.	Monitor response. Pravastatin dose may need to be increased.
Etravirine	No interaction reported, but theoretically etravirine may lower pravastatin concentration.	Adjust dose based on clinical response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No clinically significant interaction with LPV/r. However with DRV/r, pravastatin AUC increased by 81%, and an up to 5-fold increase was seen in a limited subset of subjects.	No dosage adjustment required for LPV/r. For ATV/DRV/r it is recommended to start with the lowest possible dose of pravastatin and titrate it up to the desired clinical effect while monitoring for safety.
Nevirapine	Slight reduction in pravastatin exposure.	Monitor response.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Praziquantel		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease praziquantel levels.	Monitor response.
Etravirine	Theoretically etravirine may decrease praziquantel exposure.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically protease inhibitors may increase praziquantel exposure.	Monitor for praziquantel adverse events.
Nevirapine	Theoretically nevirapine may lower praziquantel levels.	Monitor for effectiveness of praziquantel.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Prednisone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	One small study shows a shorter half-life of prednisolone, AUC decreased by 21-40%.	Monitor for steroid effect.
Etravirine	Theoretically prednisone levels may be reduced.	Monitor therapeutic response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Combination of prednisone and ritonavir resulted in approximately 30% increase in prednisolone levels. Theoretically, protease inhibitor levels may be reduced.	Monitor for steroid effect and consider dose reduction for systemic corticosteroids. Ideally, protease inhibitor levels should be monitored.
Nevirapine	Theoretically corticosteroid levels may be reduced.	Monitor for steroid effect.
Rilpivirine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Pregabalin		
	No interaction reported.	No dosage adjustment required.
Pretomanid		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible decrease in pretomanid levels.	Do not coadminister.
Etravirine	Possible decrease in pretomanid levels.	Do not coadminister.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Small study showed LPV/r reduced pretomanid exposure by 17%. LPV/r: potential additive QT interval prolongation.	No dosage adjustment required. LPV/r: use with caution.
Nevirapine	Possible decrease in pretomanid levels.	Do not coadminister.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Prochlorperazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically ritonavir may increase prochlorperazine levels. Increased risk of QT interval prolongation.	Use alternative or monitor ECG and monitor for adverse events. Lower dose of prochlorperazine if required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor FBC.
Promethazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretical interaction possibly resulting in increased promethazine levels. Increased risk of QT interval prolongation.	Use alternative or monitor ECG.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Propafenone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz theoretically can decrease propafenone levels. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Concentrations of propafenone may be decreased.	Monitor response and increase dose of propafenone if required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Propafenone levels may be increased. In addition, propafenone may increase ritonavir levels. Increased risk of QT interval prolongation and torsades de pointes.	Do not coadminister.
Nevirapine	Theoretically nevirapine may lower propafenone levels via enzyme induction.	Monitor response and increase dose of propafenone if required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Propofol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz, an inducer of CYP2B6, could potentially decrease propofol concentrations. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	ATV/r, DRV/r and LPV/r could potentially decrease propofol concentrations via induction of CYP2B6 by ritonavir. LPV/r: potential additive QT interval prolongation.	The extent of this interaction is difficult to predict as propofol is a high hepatic extraction drug and therefore its rate of hepatic elimination is in theory more dependent on liver blood flow. Monitor effect. LPV/r: use with caution.
Nevirapine	Nevirapine, a modest inducer of CYP2B6, could potentially decrease propofol concentrations.	The clinical relevance of this interaction is unknown as propofol is a high hepatic extraction drug and therefore less vulnerable to drug interactions.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Propranolol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Protease inhibitors may increase propranolol levels although to a moderate extent. Potential for additive PR prolongation.	Use with caution and clinical monitoring recommended.

	Interaction	Management
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Pyrazinamide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No clinically significant interaction expected.	No dosage adjustment required.
Pyridostigmine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Potential increase in pyridostigmine concentrations due to inhibition of OCT2 by dolutegravir.	Clinical relevance unknown.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	Possible competition for renal transporters which could result in increased levels of either drug.	Monitor for adverse effects.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction expected.	No dosage adjustment required.
Tenofovir	TDF: Possible competition for renal transporters which could result in increased levels of either drug. TAF: Unlikely to result in significant increase in tenofovir as TAF results in 90% lower systemic levels of tenofovir compared to TDF.	TDF: Monitor for adverse effects. TAF: No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Pyridoxine (vit B6)		
	No interaction reported.	No dosage adjustment required.
Quetiapine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible decrease in quetiapine levels. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Etravirine may decrease quetiapine levels.	Monitor response and increase dose if needed.
3TC/FTC	No interaction reported.	No dosage adjustment required.

	Interaction	Management
LPV/ATV/DRV+r	Theoretically quetiapine levels may be raised due to inhibition of CYP3A4-mediated quetiapine metabolism by protease inhibitors. Serious quetiapine adverse effects have been reported. Increased risk of QT interval prolongation.	Use alternative or monitor ECG. (Some sources state that concomitant use is contraindicated, while others recommend use with extreme caution and that quetiapine should be reduced to one sixth of the original dose).
Nevirapine	Possible decrease in quetiapine levels.	Monitor response and increase dose if needed.
Rilpivirine	No clinically relevant interaction reported at therapeutic doses.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor closely.
Quinapril		
	No interaction reported.	No dosage adjustment required.
Quinidine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz can decrease quinidine levels. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Concentrations of quinidine may be decreased.	Monitor response. Drug concentration monitoring is recommended, if available.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Coadministration may result in increased quinidine levels and an increase of the associated cardiac adverse effects. Increased risk of QT interval prolongation.	Some authorities contraindicate coadministration while others state that caution is warranted and therapeutic concentration monitoring is recommended when available. Monitor ECG.
Nevirapine	Theoretically nevirapine can lower quinidine levels.	Monitor response and drug concentration monitoring is recommended if available.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	TDF and TAF (prodrugs of tenofovir) are substrates of P-glycoprotein (P-gp) and inhibitors of P-gp such as quinidine could potentially increase the absorption of TDF and TAF, thereby increasing the systemic concentration of tenofovir.	Monitoring of tenofovir-associated adverse reactions, including frequent renal monitoring, is recommended, when TDF is used. Consider dosing TAF at 10mg daily if available.
Zidovudine	No interaction reported.	No dosage adjustment required.
Quinine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz can decrease quinine levels due to induction of CYP3A4. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Possible decreased exposure to quinine.	Monitor response. If possible monitor quinine levels.
3TC/FTC	No interaction reported.	No dosage adjustment required.

	Interaction	Management
LPV/ATV/DRV+r	Single doses of quinine (600 mg, single dose) with lopinavir/ritonavir (400/100 mg, twice daily) in two studies decreased quinine AUC and Cmax by 50-56% and 47-48 % respectively; 3-hydroxyquinine (active metabolite) AUC and Cmax was reduced by 99% and 85% in the first study and both decreased by 69% in the second study. No significant effects on lopinavir or ritonavir AUC and Cmax were seen.	Coadministration raises concerns of suboptimal exposure of the antimalarial treatment. However, since the free concentration of quinine was increased in both studies, further investigations are needed to determine the clinical significance of this interaction and decide whether dosage adjustments are needed. If possible monitor quinine levels.
Nevirapine	Possible decrease in quinine levels.	Monitor response. If possible monitor quinine levels.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ramipril		
	No interaction reported.	No dosage adjustment required.
Ranitidine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	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.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No clinically significant interaction with LPV/DRV/r. Atazanavir absorption significantly reduced.	No dosage adjustment required with LPV/DRV/r. Avoid use with atazanavir or if essential phone the HIV hotline on 0800212506.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	Coadministration may decrease rilpivirine concentrations, due to decreased absorption.	Use H2-antagonists that can be dosed once daily, and take them at least 12 hours before or 4 hours after rilpivirine.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Retinol		
	No interaction reported.	No dosage adjustment required.
Ribavirin		
Abacavir	No interaction expected.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	Increased risk of lactic acidosis and hepatic decompensation.	Use combination with caution only if the potential benefit outweighs the risks.
LPV/ATV/DRV+r	A substantial proportion of patients receiving atazanavir or ATV/r experienced significant hyperbilirubinaemia and jaundice following initiation of ribavirin.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction expected.	No dosage adjustment required.

	Interaction	Management
Zidovudine	Increased risk for developing lactic acidosis, hepatic decompensation, neutropenia and anaemia.	Avoid combination if at all possible. Monitor closely for lactic acidosis, hepatic decompensation, neutropenia and anaemia.
Rifabutin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Decreased rifabutin effects.	Increase rifabutin to 450mg/day or 600 mg three times per week with concomitant efavirenz.
Etravirine	Etravirine AUC decreased 37%.	No dosage adjustment required, unless coadministered with a boosted PI. With boosted PI: caution and monitoring recommended and the US guidelines suggest etravirine and rifabutin should not be coadministerd with boosted darunavir, lopinavir or saquinavir.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Significantly increased rifabutin levels.	Reduce rifabutin dose to 150mg daily and monitor for adverse events such as neutropenia and uveitis.
Nevirapine	No clinically significant interaction in most patients. Some patients may experience large increases in rifabutin exposure and may experience toxicity.	Use with caution. No dosage adjustment required.
Rilpivirine	Rilpivirine AUC decreased by 42%.	Increase rilpivirine dose to 50mg once daily.
Tenofovir	TDF: No clinically significant interaction expected. TAF: Coadministration with rifabutin has not been studied. Data from a study with rifampicin suggest that use of tenofovir alafenamide 25 mg once daily with rifabutin may be acceptable. Coadministration of emtricitabine/TAF (200/25 mg once daily) and rifampicin (600 mg once daily) decreased plasma exposure of TAF and tenofovir by ~55%. Intracellular tenofovir-DP AUC decreased by 36%, however, intracellular tenofovir-DP exposure was 4.2-fold higher than that achieved with standard dose tenofovir-DF alone (300 mg once daily).	No dosage adjustment required.
Zidovudine	Slight decrease in AZT levels.	No dosage adjustment recommended, but monitor effects of AZT.
Rifampicin		
Abacavir	Slight decrease in plasma concentration of abacavir.	Monitor response.
Dolutegravir	Decreased dolutegravir concentrations due to induction of UGT1A1 and CYP3A by rifampicin.	2023 NDoH guidelines state increase dolutegravir dose to 50mg twice daily. SAHCS guidelines 2023 recommend for patients on DTG with no prior history of virological failure, no change in DTG dosing is required. In the presence of integrase class resistance this combination should be avoided.
Efavirenz	Efavirenz AUC reduced by 26%.	No dosage adjustment currently recommended.
Etravirine	Decreased etravirine concentrations.	Contraindicated.
3TC/FTC	No interaction reported.	No dosage adjustment required.

	Interaction	Management
LPV/ATV/DRV+r	Rifampicin reduces ATV, DRV and LPV levels. Potential increase in ALT/AST.	Dosage adjustment required. Monitor liver function. Adults: The dose of LPV/r should be doubled slowly over 2 weeks (to 800/200mg bd). Monitor ALT while increasing the dose at weekly intervals, and then monthly while on double dose. Children: Extra ritonavir should be added at a dose of 0.75 x the volume of the LPV/r dose. (See Paediatric dosing table.) Avoid concurrent use with ATV/r and DRV/r as dose adjustment not established. Consider rifabutin 150mg daily as an alternative.
Nevirapine	Decreased nevirapine levels (AUC decreased by 58%).	For infants on nevirapine phone the Hotline 0800212506.
Rilpivirine	Rilpivirine AUC decreased by 80%.	Contraindicated.
Tenofovir	TDF: No interaction reported. TAF: Rifampicin induces the transporters P-gp, BCRP, OATP1B1 which results in lower exposure of TAF. Coadministration of emtricitabine/TAF (200/25 mg once daily) and rifampicin (600 mg once daily) decreased plasma exposure of TAF and tenofovir by ~55%. Intracellular tenofovir-DP AUC decreased by 36%, however, intracellular tenofovir-DP exposure was 4.2-fold higher than that achieved with standard dose tenofovir-DF alone (300 mg once daily). Thus, this study suggests that use of TAF 25 mg once daily with rifampicin may be acceptable.	No dosage adjustment required.
Zidovudine	Reduced levels of zidovudine. (AUC decreased by 47%)	Monitor efficacy closely.
Rifapentine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Dolutegravir Ctrough levels are decreased by once weekly isoniazid/rifapentine.	NDoH 2023 TPT Guidelines state that weekly rifapentine (as part of TPT) may be safely used in patients who are virologically suppressed, but ART-naïve patients initiating DTG-based regimens should avoid weekly rifapentine for TPT and rather use INH monotherapy. A more recent 2024 study showed that patients on weekly rifapentine starting DTG-based regimens were virologically suppressed at 8 weeks.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	Significant decrease in plasma concentrations of etravirine possible.	Do not coadminister.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Possible decrease in levels of ATV/DRV/LPV/r.	Do not coadminister (offer INH monotherapy for TPT).
Nevirapine	Decrease in levels of NVP.	Do not coadminister (offer INH monotherapy for TPT).
Rilpivirine	Decreased rilpivirine exposure due to induction of CYP3A by rifapentine.	Do not coadminister.

	Interaction	Management
Tenofovir	TDF: No interaction reported. TAF: Coadministration of emtricitabine/TAF (200/25 mg once daily) and rifampicin (600 mg once daily) decreased plasma exposure of TAF and tenofovir by ~55%. Intracellular tenofovir-DP AUC decreased by 36%, however, intracellular tenofovir-DP exposure was 4.2-fold higher than that achieved with standard dose tenofovir-DF alone (300 mg once daily).	TDF: No dosage adjustment required. TAF: No dosage adjustment required.
Zidovudine	No interaction expected.	No dosage adjustment required.
Risperidone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may decrease risperidone concentrations. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Etravirine may decrease risperidone concentrations.	No dosage adjustment is required, but monitor therapeutic response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential increase in risperidone levels. This results in an increased risk of QT interval prolongation.	Use alternative or monitor ECG. If using, a decrease of the risperidone dose may be needed. Careful monitoring of therapeutic and adverse effects is recommended.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Rituximab		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor FBC.
Rivaroxaban		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential decrease in rivaroxaban concentrations.	Use with caution and monitor clinical effect.
Etravirine	Potential decrease in rivaroxaban concentrations.	Use with caution and monitor clinical effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Significant increase in rivaroxaban concentrations and increased risk of bleeding.	Do not coadminister.

	Interaction	Management
Nevirapine	Potential decrease in rivaroxaban concentrations.	Use with caution and monitor clinical effect.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Rocuronium bromide		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Potential competition for biliary elimination.	Monitor for toxicity and response.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential decrease in rocuronium biliary elimination via P-gp inhibition.	Monitor clinical effects and decrease dose if necessary.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Ropinirole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz inhibits CYP1A2 and could potentially increase ropinirole exposure.	Monitor clinical effect and decrease dose if required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential decrease of ropinirole exposure due to induction of CYP1A2 by ritonavir.	Monitor clinical effect and increase dosage if needed.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Rosuvastatin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction expected.	No dosage adjustment required.
Etravirine	No clinically significant interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increase in rosuvastatin plasma concentrations, but the lipid-lowering benefits are attenuated. This is due to competition for uptake with the liver such that plasma concentrations of rosuvastatin may be increased but liver concentrations decreased, resulting in a decreased lipid lowering effect.	Initiate rosuvastatin at 5mg daily. Titrate up to a maximum of 10mg daily and monitor for myopathy.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zidovudine	No interaction reported.	No dosage adjustment required.
Salbutamol (inhaled)		
	No interaction reported.	No dosage adjustment required.
Salbutamol (systemic)		
	No interaction reported.	No dosage adjustment required.
Senna glycosides		
	No interaction reported.	No dosage adjustment required.
Sildenafil		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease sildenafil levels.	The efficacy of sildenafil should be closely monitored and dose adjustments may be required.
Etravirine	AUC of sildenafil decreased by 37%.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Protease inhibitors substantially increase sildenafil concentrations.	Avoid combination if possible. If coadministration is absolutely necessary, do not take more than 25mg of sildenafil within a 48 hour period. Monitor for adverse effects such as hypotension, syncope, visual changes and prolonged erection.
Nevirapine	Theoretically nevirapine may decrease sildenafil levels.	Titrate sildenafil dose based on patient response and tolerability.
Rilpivirine	No clinically significant interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Simvastatin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz significantly reduces the concentrations of simvastatin.	Patients should be closely monitored for anti-lipid activity and the simvastatin dose may need to be increased.
Etravirine	Decreased simvastatin exposure.	Monitor response. Dose adjustments for simvastatin may be needed.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Significantly increased simvastatin levels.	Do not coadminister due to an increased risk of myopathy including rhabdomyolysis. Low dose atorvastatin or pravastatin are alternatives.
Nevirapine	Potential for decreased concentrations of simvastatin due to enzyme induction by nevirapine.	Patients should be closely monitored for anti-lipid activity and the simvastatin dose may need to be increased.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Sirolimus		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may markedly reduce sirolimus levels in some patients.	Monitor sirolimus levels and adjust dose accordingly.
Etravirine	Sirolimus plasma concentrations may be decreased.	More frequent therapeutic concentration monitoring is required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Sirolimus levels may be markedly increased when coadministered with protease inhibitors.	Some authorities do not recommend coadministration while others recommend that more frequent therapeutic concentration monitoring is required.
Nevirapine	Potential decrease in sirolimus plasma concentrations, although in one case series no changes were observed.	More frequent therapeutic concentration monitoring is required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	Additive tubular (renal) toxicity.	Use with caution and monitor renal function.
Zidovudine	No interaction reported.	No dosage adjustment required.
Spironolactone		
	No interaction reported.	No dosage adjustment required.
St John's Wort		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	St John's Wort may reduce the plasma concentrations and clinical effects of dolutegravir.	Avoid combination.
Efavirenz	St John's wort may reduce the plasma concentrations and clinical effects of efavirenz.	Avoid combination.
Etravirine	Etravirine levels may be decreased.	Avoid combination.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	St John's wort may reduce the plasma concentrations and clinical effects of protease inhibitors.	Avoid combination.
Nevirapine	St John's wort may reduce the plasma concentrations and clinical effects of nevirapine.	Avoid combination.
Rilpivirine	St John's Wort may reduce the plasma concentrations and clinical effecs of rilpivirine.	Avoid combination.
Tenofovir	TDF: No interaction reported. TAF: Although St John's wort has enzyme inducing properties, a study with the strong inducer rifampicin (600 mg once daily) decreased plasma exposure of tenofovir alafenamide and tenofovir by ~55%. Intracellular tenofovir-DP AUC decreased by 36%, however, intracellular tenofovir-DP exposure was 4.2-fold higher than that achieved with standard dose tenofovir-DF alone (300 mg once daily).	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Streptokinase		
	No interaction reported.	No dosage adjustment required.
Sucralfate		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Dolutegravir exposure may be decreased when coadministered.	Sucralfate should be taken a minimum of 2 hours after or 6 hours before dolutegravir.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Sulfasalazine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor FBC.
Suxamethonium		
	No interaction reported.	No dosage adjustment required.
Tacrolimus		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may reduce tacrolimus levels in some patients. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Etravirine may reduce tacrolimus levels in some patients.	Monitor tacrolimus levels and adjust dosage as required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Tacrolimus concentrations may be increased significantly when coadministered with protease inhibitors. This results in an increased risk of QT interval prolongation.	Use alternative or monitor ECG. More frequent therapeutic concentration monitoring is recommended until plasma levels of tacrolimus have been stabilised.
Nevirapine	Potentially tacrolimus levels may be reduced.	Monitor tacrolimus levels and adjust dosage as required.
Rilpivirine	Possible modest increase in rilpivirine concentrations.	No dosage adjustment required.
Tenofovir	Additive nephrotoxicity.	Monitor renal function weekly or consider alternative antiretroviral.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Tamoxifen		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically tamoxifen and active metabolite levels may be decreased. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Theoretically tamoxifen, active metabolite and etravirine levels may be decreased.	Use with caution and monitor efficacy.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential decrease of tamoxifen efficacy by inhibiting conversion to active metabolite. Potential additive QT interval prolongation.	Use alternative or monitor ECG .
Nevirapine	Theoretically tamoxifen and active metabolite levels may be decreased.	Use with caution and monitor efficacy.
Rilpivirine	Possible decrease in rilpivirine concentrations due to induction of CYP3A4 by tamoxifen.	Use with caution.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Tamsulosin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz may decrease tamsulosin concentrations due to induction of CYP3A4.	In cases of incomplete response when on tamsulosin 0.4 mg/day, increase to 0.8 mg/day and reassess after 2-4 weeks.
Etravirine	Etravirine may decrease tamsulosin concentrations due to CYP3A4 induction.	In cases of incomplete response when on tamsulosin 0.4 mg/day, increase to 0.8 mg/day and reassess after 2-4 weeks.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically protease inhibitors may increase tamsulosin exposure.	Given tamsulosin's higher affinity for alpha-1A receptors located in prostatic smooth muscle and its demonstrated tolerability when combined with other CYP3A4/CYP2D6 inhibitors, consider starting tamsulosin at 0.4 mg/day if coadministered. Blood pressure monitoring is recommended, particularly in older individuals.
Nevirapine	Theoretically nevirapine may decrease tamsulosin concentrations via induction of CYP3A4.	In cases of incomplete response when on tamsulosin 0.4 mg/day, increase to 0.8 mg/day and reassess after 2-4 weeks.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Terbinafine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz could potentially decrease terbinafine concentrations to a moderate extent.	Monitor effect.

	Interaction	Management
Etravirine	Theoretically etravirine could potentially decrease terbinafine concentrations to a moderate extent.	Monitor effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically terbinafine concentrations could potentially increase although to a moderate extent.	Monitor for adverse effects.
Nevirapine	Theoretically nevirapine could potentially decrease terbinafine concentrations to a moderate extent.	Monitor effect.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported	No dosage adjustment required.
Terizidone		
	No interaction reported.	No dosage adjustment required.
Testosterone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically testosterone concentrations may be decreased.	A dose adjustment of testosterone may be required.
Etravirine	Theoretically testosterone concentrations may be decreased.	A dose adjustment of testosterone may be required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically testosterone concentrations may be increased.	A dose adjustment of testosterone may be required.
Nevirapine	Theoretically testosterone concentrations may be decreased.	A dose adjustment of testosterone may be required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Tetracaine		
	No interaction reported.	No dosage adjustment required.
Tetracyclines		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Thalidomide		
	No interaction reported.	No dosage adjustment required.
Theophylline		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	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.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Possible decrease in theophylline levels due to induction by CYP1A2.	Monitor theophylline levels and increase theophylline dosage as indicated.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Thiamine (vit B1)		
	No interaction reported.	No dosage adjustment required.
Thiopental		
	No interaction reported.	No dosage adjustment required.
Timolol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically ritonavir may increase the levels of timolol. Also additive risk of PR prolongation.	Monitor for signs of increased timolol levels (hypotension, bradycardia) and adjust dose if required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Topiramate		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	Potential for additive nephrotoxicity.	Avoid concurrent use or monitor renal function weekly if concurrent use unavoidable.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Tramadol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially reduce tramadol exposure but may not affect the metabolic pathway leading to the more potent active metabolite. Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Clinically significant interaction unlikely.	Monitor analgesic effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Protease inhibitors may increase tramadol exposure but also reduce the conversion to the more potent active metabolite. There may be an increased risk of QT interval prolongation.	Use alternative or monitor ECG. If using, monitor tramadol-related adverse effects and the analgesic effect. Adjust tramadol dosage if needed.
Nevirapine	No clinically significant interaction.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Tranexamic acid		
	No interaction reported.	No dosage adjustment required.
Trastuzumab		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Potential additive haematological toxicity.	Monitor haematological parameters.
Trazodone		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically trazodone levels could be decreased. In addition, increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Theoretically trazodone levels may be decreased.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Increased trazodone concentrations with increased effects such as nausea, hypotension and syncope. Increased risk of QT interval prolongation.	Use alternative or monitor ECG. If benefit outweighs risk, initiate trazodone at a lower dose.
Nevirapine	Theoretically trazodone levels could be lowered.	Monitor response.
Rilpivirine	No interaction reported at therapeutic doses.	No dosage adjustment required.

	Interaction	Management
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Tretinoin		
	No interaction reported.	No dosage adjustment required.
Triazolam		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may increase or decrease triazolam levels.	Avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives.
Etravirine	Etravirine could potentially decrease triazolam exposure.	Monitor clinical effect and withdrawal symptoms.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically protease inhibitors can significantly increase triazolam levels.	Avoid combination. Lorazepam, oxazepam or temazepam are safer alternatives.
Nevirapine	Possible decrease in triazolam concentration, resulting in withdrawal symptoms.	Monitor patient for symptoms of withdrawal and adjust dosage if needed.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Trimethoprim/sulfamethoxazole (cotrimoxazole)		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No clinically significant interaction.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	Possible increase in lamivudine/emtricitabine exposure.	No dosage adjustment required. Monitor for side effects.
LPV/ATV/DRV+r	No clinically significant interaction.	No dosage adjustment required.
Nevirapine	No clinically significant kinetic interaction. Combination may increase risk of rash.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Possible increased risk of zidovudine toxicity.	Monitor for zidovudine toxicity.
Valganciclovir		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Potential for additive nephrotoxicity. TAF: No interaction expected.	TDF: Avoid concurrent use or monitor renal function weekly if concurent use unavoidable. TAF: No dosage adjustment required.
Zidovudine	Additive haematotoxicity.	Monitor closely.

	Interaction	Management
Valproic acid		
Abacavir	No interaction reported.	No dosage adjustment required. Also note that in general, valproic acid is contraindicated during pregnancy and in women of childbearing age.
Dolutegravir	No clinically significant interaction.	No dosage adjustment required. Also note that in general, valproic acid is contraindicated during pregnancy and in women of childbearing age.
Efavirenz	No significant kinetic interaction between valproate and efavirenz.	No dosage adjustment required. Also note that in general, valproic acid is contraindicated during pregnancy and in women of childbearing age.
Etravirine	No interaction reported.	No dosage adjustment required. Also note that in general, valproic acid is contraindicated during pregnancy and in women of childbearing age.
3TC/FTC	No interaction reported.	No dosage adjustment required. Also note that in general, valproic acid is contraindicated during pregnancy and in women of childbearing age.
LPV/ATV/DRV+r	Lopinavir levels are increased by valproic acid. Valproic acid concentrations may be decreased (induction of glucuronidation by ritonavir).	Increased monitoring for LPV/r toxicity (lipid profile). Careful monitoring of valproate concentrations and/or therapeutic effect is recommended. Also note that in general, valproic acid is contraindicated during pregnancy and in women of childbearing age.
Nevirapine	No interaction reported.	No dosage adjustment required. Also note that in general, valproic acid is contraindicated during pregnancy and in women of childbearing age.
Rilpivirine	No interaction reported.	No dosage adjustment required. Also note that in general, valproic acid is contraindicated during pregnancy and in women of childbearing age.
Tenofovir	No interaction reported.	No dosage adjustment required. Also note that in general, valproic acid is contraindicated during pregnancy and in women of childbearing age.
Zidovudine	Valproic acid inhibits breakdown of zidovudine resulting in increased zidovudine effects (AUC increased by 80%).	Monitor closely for zidovudine toxicity and consider dose reduction to 200mg bd if necessary. Also note that in general, valproic acid is contraindicated during pregnancy and in women of childbearing age.
Vancomycin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	Additive nephrotoxicity.	Avoid concurrent use or monitor renal function weekly if concurrent use unavoidable.
Zidovudine	Additive haematotoxicity.	Monitor FBC closely.

	Interaction	Management
Vecuronium		
	No interaction reported.	No dosage adjustment required.
Venlafaxine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz could potentially decrease venlafaxine concentrations. However there is also an increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Etravirine could potentially decrease venlafaxine concentrations although to a moderate extent.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential increase in venlafaxine concentrations although to a moderate extent. This results in an increased risk of QT interval prolongation.	Use alternative or monitor ECG and monitor for other increased adverse effects.
Nevirapine	Nevirapine could potentially decrease venlafaxine concentrations although to a moderate extent.	Monitor response.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Verapamil		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease the concentrations of verapamil.	Monitor therapeutic effect closely and adjust dose accordingly.
Etravirine	Theoretically etravirine may decrease the concentrations of verapamil.	Monitor therapeutic effect closely and adjust dose accordingly.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential for significant elevation of verapamil serum levels and additive PR prolongation.	Use with caution and careful monitoring of therapeutic and adverse effects is recommended if administered concomitantly.
Nevirapine	Potential for decrease in verapamil levels.	Monitor therapeutic effect closely and adjust dose accordingly.
Rilpivirine	Possible increase in rilpivirine concentrations.	No dosage adjustment required.
Tenofovir	TDF and TAF (the prodrugs of tenofovir) are substrates of P-glycoprotein (P-gp) and inhibitors of P-gp such as verapamil could potentially increase the absorption of TDF and TAF, thereby increasing the systemic concentration of tenofovir.	Monitor renal function closely, when using TDF. Consider dosing TAF at 10mg daily if available.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Vincristine		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Theoretically efavirenz may decrease vincristine levels.	Monitor closely for reduced effectiveness of vincristine.
Etravirine	Potential decrease in vincristine exposure.	Monitor response.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	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 vincristine toxicity. Consider replacing protease inhibitors with non-interacting regimen.
Nevirapine	Theoretically nevirapine may reduce vincristine levels.	Monitor closely for reduced effectiveness of vincristine.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	Additive myelosuppression.	Monitor closely.
Vitamin A (retinol)		
	No interaction reported.	No dosage adjustment required.
Vitamin B-complex		
	No interaction reported.	No dosage adjustment required.
Vitamin K		
	No interaction reported.	No dosage adjustment required.
Voriconazole		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Efavirenz significantly decreases voriconazole plasma concentrations while voriconazole also significantly increases efavirenz plasma concentrations.	Coadministration of standard doses of efavirenz and voriconazole is contraindicated. When coadministered, the voriconazole maintenance dose must be increased to 400 mg twice daily and the EFV dose should be reduced by 50% (i.e., to 300 mg once daily). When treatment with voriconazole is stopped, the initial dosage of EFV should be restored.
Etravirine	Etravirine AUC increased by 36%; voriconazole AUC increased by 14%.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential decrease or increase in voriconazole levels and increase or decrease in boosted PI levels. Increased risk of QT interval prolongation if voriconazole levels increase.	Avoid combination unless benefit outweighs risk. Monitor ECG.
Nevirapine	Theoretically voriconazole levels may be reduced and nevirapine levels increased.	Monitor patients closely.
Rilpivirine	Potential increase in rilpivirine concentrations.	No dosage adjustment required. Monitor clinical effect of antifungal.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Warfarin		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Warfarin levels may be increased or decreased increasing the risk of bleeding or clotting.	Monitor INR and adjust warfarin as indicated.
Etravirine	Etravirine is expected to increase plasma concentrations of warfarin.	Monitor INR closely and adjust warfarin as indicated.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Warfarin levels may be increased or decreased increasing the risk of bleeding or clotting.	Monitor INR and adjust warfarin as indicated.
Nevirapine	Possibility of decreased or increased warfarin levels.	Monitor INR and adjust warfarin as indicated.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Zinc		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	Dolutegravir forms insoluble complexes with metals (di- and trivalent).	Take the zinc supplement a minimum of 2 hours after or 6 hours before dolutegravir.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Zoledronic acid		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	No interaction reported.	No dosage adjustment required.
Etravirine	No interaction reported.	No dosage adjustment required.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	No interaction reported.	No dosage adjustment required.
Nevirapine	No interaction reported.	No dosage adjustment required.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	TDF: Potential for additive renal toxicity. TAF: No interaction reported.	TDF: Avoid concurrent use or monitor renal function if concurrent use unavoidable. TAF: No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

	Interaction	Management
Zolpidem		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Possible decrease in zolpidem concentration.	Monitor clinical effect and withdrawal symptoms.
Etravirine	Etravirine could potentially decrease zolpidem exposure.	Monitor clinical effect and withdrawal symptoms.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Potential increase in zolpidem exposure, resulting in risk of increased and prolonged sedation.	Monitor carefully for sedation. Dose decrease of zolpidem may be necessary.
Nevirapine	Possible decrease in zolpidem concentration.	Monitor response. Patients on long-term zolpidem may show withdrawal symptoms after nevirapine is commenced.
Rilpivirine	No interaction reported.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.
Zuclopenthixol		
Abacavir	No interaction reported.	No dosage adjustment required.
Dolutegravir	No interaction reported.	No dosage adjustment required.
Efavirenz	Increased risk of QT interval prolongation in some patients.	Use alternative medicine that does not prolong QT interval or monitor ECG. Phone 0800212506 for help.
Etravirine	Theoretically coadministration could potentially decrease zuclopenthixol concentrations.	Monitor therapeutic effect.
3TC/FTC	No interaction reported.	No dosage adjustment required.
LPV/ATV/DRV+r	Theoretically coadministration could potentially increase zuclopenthixol concentrations. This may result in an increased risk of QT interval prolongation.	Use alternative or monitor ECG. Monitor for other adverse effects and reduce zuclopenthixol dosage if required.
Nevirapine	Theoretically coadministration could potentially decrease zuclopenthixol concentrations.	Monitor therapeutic effect.
Rilpivirine	No interaction.	No dosage adjustment required.
Tenofovir	No interaction reported.	No dosage adjustment required.
Zidovudine	No interaction reported.	No dosage adjustment required.

National HIV & TB Health Care Worker Hotline

This is a free service for all health care workers

What questions can you ask?

The National HIV & TB Health Care Worker Hotline provides information on queries relating to:

- Pre-exposure prophylaxis (PrEP)
- Post exposure prophylaxis (PEP)
- HIV testing
- Management of HIV in pregnancy
- PMTCT
- Drug interactions
- Treatment/prophylaxis of opportunistic infections
- Drug availability
- Adherence support
- Management of DS and DR tuberculosis
- Antiretroviral Therapy (ART):
  - When to initiate
  - Treatment selection
  - Recommendations for laboratory and clinical monitoring
  - How to interpret and respond to laboratory results
  - Management of adverse events

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