

Antidepressant Treatment Selector

Charts revised February 2019. Full information available at www.hiv-druginteractions.org

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	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV	MVC	BIC/ F/TAF	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	FTC or 3TC	F/TAF	TDF	ZDV	
Selective Serotonin Reuptake Inhibitors																					
Citalopram	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Escitalopram	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Fluoxetine	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Fluvoxamine	↑	↑	↑	↑	↑	↔	↔	↔	↑	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Paroxetine	↑↓?	↑↓?	↑↓?	↓39%	↑↓?	↔	↔	↔	↔	↔	↔	↔	↔	↑↓?	↑↓?	↔	↔	↔	↔	↔	
Sertraline	↑	↑?	↑	↓49%	↓	↔	↓39%	↓	↓	↔	↔	↔	↔	↓7%	↔	↔	↔	↔	↔	↔	
Serotonin and Norepinephrine Reuptake Inhibitors																					
Duloxetine	↑	↑↓	↑	↑↓	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Milnacipran	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
Venlafaxine	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↓	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Tricyclic Antidepressants																					
Amitriptyline	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Clomipramine	↑♥	↑♥	↑ ^a	↑ ^a	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑ ^a	↑ ^a	↔	↔	↔	↔	↔	
Desipramine	↑♥	↑♥	↑	↑	↑5%♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Doxepin	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Imipramine	↑♥	↑♥	↑ ^b	↑ ^b	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑ ^b	↑ ^b	↔	↔	↔	↔	↔	
Nortriptyline	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Trimipramine	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Tetracyclic Antidepressants																					
Maprotiline	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Mianserin	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Mirtazapine	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Other																					
Agomelatine	↔	↓	↔	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
Bupropion	↔	↓	↔	↓	↓57%	↔	↓55%	↔	↓	↔	↔	↔	↔	↑?	↑?	↔	↔	↔	↔	↔	
Lamotrigine	↔ ^c	↓32%	↔	↓	↓50%	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
Nefazodone	↑	↑	↑	↑	↑	↑	↓↑	↓↑	↓↑	↑	↑	↑ ^d	↔	↑	↑	↔	↔	↔	↔	↔	
Reboxetine	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
St John's wort	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓ ^e	↓ ^f	↓	↓	↓?	↔	↓ ^g	↔	↔	
Tranycypromine	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Trazodone	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	
Vortioxetine	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	

Colour Legend

	No clinically significant interaction expected.
	These drugs should not be coadministered.
	Potential interaction which may require a dose adjustment or close monitoring.
	Potential interaction predicted to be of weak intensity. No <i>a priori</i> dosage adjustment is recommended.

Text Legend

- ↑ Potential increased exposure of the antidepressant
- ↓ Potential decreased exposure of the antidepressant
- ↔ No significant effect
- ↑ Potential increased exposure of HIV drug
- ↓ Potential decreased exposure of HIV drug
- ♥ One or both drugs may cause QT and/or PR prolongation. ECG monitoring is advised if coadministered with atazanavir or lopinavir; caution is advised with rilpivirine as supratherapeutic doses of rilpivirine (75 and 300 mg once daily) were shown to prolong the QT interval.
- Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

Notes

- a Coadministration may increase clomipramine concentrations. Use with caution as clomipramine has been shown to prolong the QT interval.
- b Coadministration may increase imipramine concentrations. Use with caution as imipramine has been shown to prolong the QT interval.
- c The US product label for atazanavir/cobicistat mentions that the effect on lamotrigine concentrations is unknown and recommends monitoring of lamotrigine concentrations.
- d No effect on emtricitabine or tenofovir alafenamide is expected, but coadministration may increase bictegravir. This increase is unlikely to be clinically significant.
- e No effect on emtricitabine is expected, but coadministration may decrease bictegravir and tenofovir alafenamide concentrations which may result in loss of therapeutic effect and development of resistance.
- f The US Prescribing Information recommends that coadministration should be avoided as there are insufficient data to make dosing recommendations. However, the European SPC suggests dolutegravir be dosed at 50 mg twice daily, but recommends alternative combinations to be used where possible in INSTI-resistant patients. (These charts reflect the more cautious option.)
- g No effect on emtricitabine is expected, but coadministration may decrease tenofovir alafenamide concentrations which may result in loss of therapeutic effect and development of resistance.