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**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 a priori dosage adjustment is recommended.

**Text Legend**
- Potential increased exposure of the antidepressant.
- Potential decreased exposure of the antidepressant.
- Potential increased exposure of HIV drug.
- Potential decreased exposure of HIV drug.
- No significant effect.
- One or both drugs may cause QT and/or PR prolongation. ECG monitoring is advised if coadministered with azelanavir 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.

**Notes**
- Co-administration may increase clomipramine concentrations. Use with caution as clomipramine has been shown to prolong the QT interval.
- Co-administration may increase imipramine concentrations. Use with caution as imipramine has been shown to prolong the QT interval.
- The US Product label for azelanavir/cobicistat mentions that the effect on lamotrigine concentrations is unknown and recommends monitoring of lamotrigine concentrations.
- No effect on emtricitabine and tenofovir alafenamide is expected, but coadministration may increase bicitavir. This increase is unlikely to be clinically significant.
- No effect on emtricitabine is expected. However, coadministration may decrease bicitavir and tenofovir alafenamide concentrations which may result in loss of therapeutic effect and development of resistance.
- The US prescribing information recommends that coadministration should be avoided as there are insufficient data to make dosing recommendations. However, the European SPC suggests bicitavir to 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.
- 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.