### Antidepressant Treatment Selector

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

<table>
<thead>
<tr>
<th>ATv/c</th>
<th>ATvIR</th>
<th>DRV/c</th>
<th>DRVIR</th>
<th>LPV/r</th>
<th>FvR</th>
<th>ETV</th>
<th>NVP</th>
<th>RPV</th>
<th>MVC</th>
<th>BIC/ DRV</th>
<th>ETV</th>
<th>EVG/c</th>
<th>ETV/ TDF</th>
<th>RAL</th>
<th>ABC</th>
<th>FTC (or 3TC)</th>
<th>F/ TAF</th>
<th>TDF</th>
<th>ZDV</th>
</tr>
</thead>
</table>

#### Selective Serotonin Reuptake Inhibitors
- Citalopram: ↑♥ (Potential increased exposure of the antidepressant)
- Escitalopram: ↑♥ (Potential increased exposure of the antidepressant)
- Fluoxetine: 1♥ (Potential increased exposure of HIV drug)
- Fluvoxamine: 1♥ (Potential increased exposure of the antidepressant)
- Paroxetine: 1♥ (Potential increased exposure of HIV drug)
- Sertraline: 1♥ (Potential increased exposure of HIV drug)
- Duloxetine: ↔ (No significant effect)
- Milnacipran: ↔ (No significant effect)
- Venlafaxine: ↔ (No significant effect)

#### Tricyclic Antidepressants
- Amitriptyline: 1♥ (Potential increased exposure of the antidepressant)
- Clomipramine: 1♥ (Potential increased exposure of the antidepressant)
- Desipramine: 1♥ (Potential increased exposure of the antidepressant)
- Doxepin: 1♥ (Potential increased exposure of the antidepressant)
- Imipramine: 1♥ (Potential increased exposure of the antidepressant)
- Norlutryline: 1♥ (Potential increased exposure of the antidepressant)
- Trimipramine: 1♥ (Potential increased exposure of the antidepressant)

#### Tetracyclic Antidepressants
- Maprotiline: 1♥ (Potential increased exposure of the antidepressant)
- Mianserin: ↔ (No significant effect)
- Mitrazapine: ↔ (No significant effect)

#### Other
- Agomelatine: ↔ (No significant effect)
- Bupropion: ↔ (No significant effect)
- Lamotrigine: ↔ (No significant effect)
- Nefazodone: ↔ (No significant effect)
- Reboxetine: ↔ (No significant effect)
- St John’s wort: ↔ (No significant effect)
- Tranclomipramine: ↔ (No significant effect)
- Trazodone: ↑♥ (Potential increased exposure of the antidepressant)
- Vortioxetine: ↔ (No significant effect)

#### Notes
- a Co-administration may increase clomipramine concentrations. Use with caution as clomipramine has been shown to prolong the QT interval.
- b Co-administration may increase imipramine concentrations. Use with caution as imipramine has been shown to prolong the QT interval.
- c The US prescribing label for lamotrigine/valproate mentions that the effect on lamotrigine concentrations is unknown and recommends monitoring of lamotrigine concentrations.
- d No effect on escitalopram or sertraline concentrations is expected, but co-administration may increase budesonide. This increase is unlikely to be clinically significant.
- e No effect on escitalopram is expected, but co-administration may increase budesonide and lamotrigine concentrations which may result in loss-of-therapeutic-effect and development of resistance.
- f The US prescribing information recommends that co-administration should be avoided as there is insufficient data to make dosing recommendations. However, the European SPC suggests dolutegravir to be dosed at 50 mg twice daily, but recommends alternative combinations to be used where possible in INSTI-resistant patients.
- g No effect on escitalopram is expected, but co-administration may increase lamotrigine concentrations which may result in loss-of-therapeutic-effect and development of resistance.

**Colour Legend**

- **Green**: No clinically significant interaction expected.
- **Red**: These drugs should not be co-administered.
- **Yellow**: Potential interaction which may require a dose adjustment or close monitoring.
- **Red-Yellow**: 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

- ♥ 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 ritonavir as supertherapeutic doses of ritonavir (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.