UNIVERSITY OF LIVERPOOL

Antidepressant Treatment Selector

Charts revised October 2021. Full information available at www.hiv-druginteractions.org

	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV oral	FTR	MVC	BIC/ F/TAF	CAB oral	CAB/ RPV	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	FTC/ TAF	FTC/ TDF	TDF
Selective Serotonin Reuptake Inhibitors																						
Citalopram	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔♥	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔	↔
Escitalopram	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔♥	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔	↔
Fluoxetine	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Fluvoxamine	↑	↑	↑	↑	↑	↔	↔	↔	⇑	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Paroxetine	↑↓?	↑↓?	↑↓?	↓39%	↑↓?	↔	↔	↑3%	↔	↔	↔	↔	↔	↔	↔	↔	↑↓?	↑↓?	↔	↔	↔	↔
Sertraline	↑	↓?	↑	↓49%	↓	↔	↓39%	↓	↓	↔	↔	↔	↔	↔	↔	↔	↓7%	↔	↔	↔	↔	↔
Serotonin and Norepinephrine Reuptake Inhibitors																						
Desvenlafaxine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Duloxetine	↑	↑↓	↑	↑↓	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Milnacipran	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Venlafaxine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔♥	⇓	↔	↔	↔♥	↔	↑	↑	↔	↔	↔	↔
Tricyclic Antidepressants																						
Amitriptyline	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Clomipramine	↑♥	↑♥	↑a	↑a	↑♥	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔	↔
Desipramine	↑♥	↑♥	↑	↑	↑5% ♥	↔	↔	↔	↔	↔♥	↔♥	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔	↔
Doxepin	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Imipramine	↑♥	↑♥	↑b	↑b	↑♥	↔	↓	↓	↓	↔♥	↔♥	↔	↔	↔	↔♥	↔	↑b	↑b	↔	↔	↔	↔
Nortriptyline	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔♥	↔♥	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔	↔
Trimipramine	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔♥	↔♥	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔	↔
Tetracylic Antidepressants																						
Maprotiline	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔♥	↔♥	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔	↔
Mianserin	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔♥	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔	↔
Other																						
Agomelatine	↔	↓	↔	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bupropion	↔	↓	↔	↓	↓57%	↔	↓55%	↔	↓	↔	↔	↔	↔	↔	↔	↔	↑?	↑?	↔	↔	↔	↔
Lamotrigine	↔c	↓32%	↔	↓	↓50%	↔	↓	↔	↔	↔		↔	↔	↔	↔	↔	↔	↔	↓1%	↔	↔	↔
Mirtazapine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔♥	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔	↔
Nefazodone	↑	↑	↑	↑	↑	⇑	↓⇑	↓⇑	↓⇑	⇑	⇑	⇑	⇑d	↔	⇑	↔	↑	↑	↔	↔	↔	↔
Phenelzine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Reboxetine	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
St John's wort	⇓e	⇓e	⇓e	⇓e	⇓e	⇓e	⇓e	⇓e	⇓e	⇓e	⇓e	⇓e	⇓e,f	↔	⇓e	⇓g	⇓e	⇓e	⇓?	⇓e,h	↔	↔
Tranylcypromine	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Trazodone	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Vortioxetine	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔

Interactions with CAB/RPV long acting injections

Pharmacokinetic interactions shown are mostly with RPV.
QT interactions shown are with RPV.

Interactions with Ibalizumab

None

Interactions with Abacavir (ABC), Lamivudine (3TC) or Zidovudine (ZDV)

ABC: No clinically relevant interactions expected.
3TC: No clinically relevant interactions expected.
ZDV: No clinically relevant interactions expected.

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
↔ 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.
Rilpivirine and fostemsavir were shown to prolong the QT interval at supratherapeutic doses. Caution is advised with rilpivirine. ECG monitoring is advised with fostemsavir and drugs with a known QT prolongation risk.

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 A study suggests a low risk of a clinically relevant pharmacokinetic interaction with low-hyperforin formulations (<1 mg/day) of St John's Wort (hyperforin is the constituent responsible for induction of CYPs and P-gp). Coadministration may be considered with St John's Wort formulations that clearly state the hyperforin content and which have a total daily hyperforin dose of 1 mg or less.
f 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.
g 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.
h No effect on emtricitabine is expected, but tenofovir alafenamide concentrations may decrease which may result in loss of therapeutic effect and development of resistance.

Abbreviations: ATV atazanavir; DRV darunavir; LPV lopinavir; /c cobicistat; /r ritonavir; DOR doravirine; EFV efavirenz; ETV etravirine; NVP nevirapine; RPV rilpivirine; FTR Fostemsavir; MVC maraviroc; BIC bictegravir; CAB Cabotegravir; DTG dolutegravir; EVG elvitegravir; RAL raltegravir; F or FTC emtricitabine; TAF tenofovir alafenamide; TDF tenofovir-DF