### Antidepressant Treatment Selector

**Selective Serotonin Reuptake Inhibitors**

| ATC/c | ATV/r | DRV/c | DRV/r | LPV/r | DOR | EFV | ETV | NVP | RPV | 3TC | TDF | FDC | BIC | FTAF | CAB | RAL | FDC | FTC | TDF | TDF |
|-------|-------|-------|-------|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Citralopram | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Escitalopram | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

**Tricylic Antidepressants**

| ATC/c | ATV/r | DRV/c | DRV/r | LPV/r | DOR | EFV | ETV | NVP | RPV | 3TC | TDF | FDC | BIC | FTAF | CAB | RAL | FDC | FTC | TDF | TDF |
|-------|-------|-------|-------|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Amitriptyline | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Clomipramine | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

**Other**

| ATC/c | ATV/r | DRV/c | DRV/r | LPV/r | DOR | EFV | ETV | NVP | RPV | 3TC | TDF | FDC | BIC | FTAF | CAB | RAL | FDC | FTC | TDF | TDF |
|-------|-------|-------|-------|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Agomelatine | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

### Interactions with CAB/RPV long acting injections

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

### Interactions with Ibalizumab

None

### 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 prior dosage adjustment is recommended.**

### Text Legend

- **One or both drugs may cause QT and/or PR prolongation.**
- **ECG monitoring is advised if coadministered with atazanavir or lopinavir.**
  
### 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 entecavir or tenofovir alafenamide is expected, but coadministration may increase bictegravid. 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 entecavir is expected, but coadministration may decrease bictegravid 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 dolasetrovir be dosed at 50 mg twice daily, but recommends alternative combinations to be used where possible in INSTI-resistant patients.
- **h** No effect on entecavir is expected, but tenofovir alafenamide concentrations may decrease which may result in loss of therapeutic effect and development of resistance.