

Antipsychotic Treatment Selector

Charts revised October 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	ABC	FTC or 3TC	F/TAF	TDF	ZDV
Atypical Antipsychotics																					
Amisulpride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Aripiprazole	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Asenapine	↑	↓	↑	↓	↓	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Clozapine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔ ^a
Olanzapine	↔	↔	↔	↔	↔	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Paliperidone	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Quetiapine	↑ ^b ♥	↑ ^b ♥	↑ ^b	↑ ^b	↑ ^b ♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑ ^b	↑ ^b	↔	↔	↔	↔	↔	↔ ^a
Risperidone	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Zotepine	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Phenothiazines																					
Chlorpromazine	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔ ^a
Fluphenazine	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔ ^a
Levomepromazine	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Perazine	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Periciazine	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔ ^a
Perphenazine	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔ ^a
Pimozide	↑♥	↑♥	↑	↑	↑♥	↔	↑ ^c	↓	↓	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Prochlorperazine	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔ ^a
Thioridazine	↑♥	↑♥	↑	↑	↑♥	↓	↓	↓	↓	↓♥	↓	↓ ^d	↔	↑	↑	↔	↔	↔	↔	↔	↔ ^a
Others																					
Haloperidol	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↑	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Iloperidone	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Pipotiazine	↑♥	↑♥	↑	↑	↑♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔ ^a
Sulpiride	↔♥	↔♥	↔	↔	↔♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tiapride	↔♥	↔♥	↔	↔	↔♥	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ziprasidone	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Zuclopenthixol	↑♥	↑♥	↑	↑	↑♥	↔	↓	↓	↓	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔ ^a

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 antipsychotic
- ↓ Potential decreased exposure of the antipsychotic
- ↔ 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.

Notes

- a Potential haematological toxicity
- b Coadministration contraindicated in the European SPC however US Prescribing Information recommends quetiapine should be reduced to one sixth of the original dose if coadministered with a potent CYP3A4 inhibitor. The charts reflect the more cautious option.
- c Coadministration contraindicated in the European SPC but not in the US Prescribing Information for Sustiva. The charts reflect the more cautious option.
- d No effect on FTC or TAF is expected, but bictegravir concentrations may decrease.