

Antipsychotic Treatment Selector

Charts revised March 2021. 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 | ↑♥ | ↑♥ | ↑ | ↑ | ↑♥ | ↔ | ↓ | ↓ | ↓ | ↔♥ | ↔ | ↔ | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ |
| Zuclopentixol | ↑♥ | ↑♥ | ↑ | ↑ | ↑♥ | ↔ | ↓ | ↓ | ↓ | ↔♥ | ↔ | ↔ | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ ^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 increased exposure of HIV drug |
| ↓ | Potential decreased exposure of the antipsychotic | ↓↓ | 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 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 bicitgravir concentrations may decrease.