

Interactions with HBV Treatment

Please note that if a drug is not listed it cannot automatically be assumed it is safe to coadminister.

ADV, Adefovir; ETV, Entecavir; LAM, Lamivudine; PEG IFN, Peginterferon; RBV, Ribavirin; TBV, Telbivudine; TAF, Tenofovir alafenamide; TDF, Tenofovir-DF.

	ADV	ETV	LAM	PEG IFN alfa-2a	PEG IFN alfa-2b	RBV	TBV	TAF	TDF
Contraceptives and Hormone Replacements (continued)									
Levonorgestrel (HRT)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Levonorgestrel (implant)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Levonorgestrel (IUD)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Levonorgestrel (POP)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Medroxyprogesterone (depot)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Medroxyprogesterone (oral)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Medroxyprogesterone/conjugated estrogens (HRT)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Medroxyprogesterone/estradiol (HRT)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Norelgestromin/ethinylestradiol (patch)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Norethisterone (Norethindrone) (depot injection)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Norethisterone (Norethindrone)/estradiol (HRT)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Norethisterone (Norethindrone)/ethinylestradiol (COC)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Norethisterone (Norethindrone)/mestranol (COC)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Norgestimate/ethinylestradiol (COC)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Norgestrel/conjugated estrogens (HRT)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Norgestrel/ethinylestradiol (COC)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Erectile Dysfunction Agents									
Sildenafil	◆	◆	◆	◆	◆	◆	◆	◆	◆
Tadalafil	◆	◆	◆	◆	◆	◆	◆	◆	◆
Vardenafil	◆	◆	◆	◆	◆	◆	◆	◆	◆
Gastrointestinal Agents									
Aluminium hydroxide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Alverine citrate	◆	◆	◆	◆	◆	◆	◆	◆	◆
Antacids	◆	◆	◆	◆	◆	◆	◆	◆	◆
Aprepitant	◆	◆	◆	◆	◆	◆	◆	◆	◆
Bisacodyl	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cimetidine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cisapride	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cyclizine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Dantron	◆	◆	◆	◆	◆	◆	◆	◆	◆
Domperidone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Droperidol	◆	◆	◆	◆	◆	◆	◆	◆	◆
Esomeprazole	◆	◆	◆	◆	◆	◆	◆	◆	◆
Famotidine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Granisetron	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hyoscine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ispaghula husk	◆	◆	◆	◆	◆	◆	◆	◆	◆
Lactulose	◆	◆	◆	◆	◆	◆	◆	◆	◆
Lansoprazole	◆	◆	◆	◆	◆	◆	◆	◆	◆
Linaclotide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Loperamide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Lubiprostone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Macrogol	◆	◆	◆	◆	◆	◆	◆	◆	◆
Mebeverine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Mesalazine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Methylcellulose	◆	◆	◆	◆	◆	◆	◆	◆	◆
Metoclopramide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Naloxegol	◆	◆	◆	◆	◆	◆	◆	◆	◆
Omeprazole	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ondansetron	◆	◆	◆	◆	◆	◆	◆	◆	◆
Pantoprazole	◆	◆	◆	◆	◆	◆	◆	◆	◆
Prucalopride	◆	◆	◆	◆	◆	◆	◆	◆	◆
Rabeprazole	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ranitidine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Senna	◆	◆	◆	◆	◆	◆	◆	◆	◆
Simeticone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Sulfasalazine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Trimebutine	◆	◆	◆	◆	◆	◆	◆	◆	◆

For personal use only. Not for distribution.

	ADV	ETV	LAM	PEG IFN alfa-2a	PEG IFN alfa-2b	RBV	TBV	TAF	TDF
HCC Therapies									
Pembrolizumab	◆	◆	◆	▲	▲	◆	◆	◆	◆
Regorafenib	◆	◆	◆	▲	▲	◆	◆	◆	◆
Hepatitis B Drugs									
Adefovir	◆	▲	◆	◆	◆	◆	◆	◆	◆
Entecavir	▲	◆	◆	◆	◆	◆	◆	◆	◆
Lamivudine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Peginterferon alfa-2a	◆	◆	◆	n/a	◆	◆	◆	◆	◆
Peginterferon alfa-2b	◆	◆	◆	n/a	◆	◆	◆	◆	◆
Ribavirin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Telbivudine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Tenofovir alafenamide (TAF)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Tenofovir-DF	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hepatitis C Drugs (Direct Acting Antivirals)									
Daclatasvir	◆	◆	◆	◆	◆	◆	◆	◆	◆
Elbasvir/Grazoprevir	◆	◆	◆	◆	◆	◆	◆	◆	◆
Glecaprevir/Pibrentasvir	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ledipasvir/Sofosbuvir	◆	◆	◆	◆	◆	◆	◆	◆	◆
OBV/PTV/r	◆	◆	◆	◆	◆	◆	◆	◆	◆
OBV/PTV/r + Dasabuvir	◆	◆	◆	◆	◆	◆	◆	◆	◆
Simeprevir	◆	◆	◆	◆	◆	◆	◆	◆	◆
Sofosbuvir (SOF)	◆	◆	◆	◆	◆	◆	◆	◆	◆
SOF/Velpatasvir	◆	◆	◆	◆	◆	◆	◆	◆	◆
SOF/Velpatasvir/Voxilaprevir	◆	◆	◆	◆	◆	◆	◆	◆	◆
Herbals/Supplements/Vitamins									
Aloe vera	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ascorbic acid (Vitamin C)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Black cohosh (A. racemosa)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cat's claw (U. tomentosa)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Colecalciferol (Vitamin D3)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cyanocobalamin (B12)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Diosmin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Echinacea	◆	◆	◆	◆	◆	◆	◆	◆	◆
Eucalyptus globulus	◆	◆	◆	◆	◆	◆	◆	◆	◆
Folic acid	◆	◆	◆	◆	◆	◆	◆	◆	◆
Garlic	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ginger (Z. officinale)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ginkgo biloba	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ginseng	◆	◆	◆	◆	◆	◆	◆	◆	◆
Goldenseal (H. canadensis)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Grape seed extract	◆	◆	◆	◆	◆	◆	◆	◆	◆
Grapefruit juice	◆	◆	◆	◆	◆	◆	◆	◆	◆
Green tea (C. sinensis)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Homeopathic remedies	◆	◆	◆	◆	◆	◆	◆	◆	◆
Inula racemosa	◆	◆	◆	◆	◆	◆	◆	◆	◆
Heroin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Iodine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Iron supplements	◆	◆	◆	◆	◆	◆	◆	◆	◆
Kava kava (P. methysticum)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Milk thistle	◆	◆	◆	◆	◆	◆	◆	◆	◆
Retinol (Vitamin A)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Riboflavin (Vitamin B2)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Serenoa repens	◆	◆	◆	◆	◆	◆	◆	◆	◆
St John's wort	◆	◆	◆	◆	◆	◆	◆	◆	◆
Thiamine (Vitamin B1)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Turmeric (curcumin)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Valerian	◆	◆	◆	◆	◆	◆	◆	◆	◆
Vitamin E	◆	◆	◆	◆	◆	◆	◆	◆	◆

Key to symbols

●	These drugs should not be coadministered
■	Potential clinically significant interaction that is likely to require additional monitoring, alteration of drug dosage or timing of administration
▲	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment is unlikely to be required
◆	No clinically significant interaction expected

Notes

- Further information is available at www.hep-druginteractions.org
- Predicted interactions are based on known metabolic pathways and routes of clearance.
- Caution is required in patients with hepatic impairment as this may also increase drug levels and require dose modification.
- Where advice differs between countries, the charts reflect the more cautious option.

© Liverpool Drug Interactions Group,
 University of Liverpool, Pharmacology Research Labs,
 1st Floor Block H, 70 Pembroke Place, LIVERPOOL, L69 3GF

We aim to ensure that information is accurate and consistent with current knowledge and practice. However, the University of Liverpool and its servants or agents shall not be responsible or in any way liable for the continued currency of information in this publication whether arising from negligence or otherwise howsoever or for any consequences arising therefrom. The University of Liverpool expressly exclude liability for errors, omissions or inaccuracies to the fullest extent permitted by law.

Interactions with HBV Treatment

Charts revised November 2020. Full information available at www.hep-druginteractions.org

Please note that if a drug is not listed it cannot automatically be assumed it is safe to coadminister.

ADV, Adefovir; ETV, Entecavir; LAM, Lamivudine; PEG IFN, Peginterferon; RBV, Ribavirin; TBV, Telbivudine; TAF, Tenofovir alafenamide; TDF, Tenofovir-DF.

	ADV	ETV	LAM	PEG IFN alfa-2a	PEG IFN alfa-2b	RBV	TBV	TAF	TDF
HIV Drugs									
Entry/Integrase Inhibitors									
Bictegravir/FTC/TAF	●	◆	●	■	■	■	■	●	●
Dolutegravir	◆	◆	◆	◆	◆	◆	◆	◆	◆
Dolutegravir/rilpivirine	◆	◆	■	◆	◆	■	■	■	■
Elvitegravir/cobi /FTC/TAF	●	◆	●	■	■	■	■	●	●
Elvitegravir/cobi/FTC/TDF	●	◆	●	■	■	■	■	●	●
Ibalizumab-uiyk	◆	◆	◆	◆	◆	◆	◆	◆	◆
Maraviroc	◆	◆	◆	◆	◆	◆	◆	◆	◆
Raltegravir	◆	◆	◆	◆	◆	◆	■	◆	◆
NNRTIs									
Doravirine	◆	◆	◆	◆	◆	■	■	◆	◆
Doravirine/3TC/TDF	●	◆	●	■	■	■	■	●	●
Efavirenz	◆	◆	◆	◆	◆	◆	■	◆	◆
Etravirine	◆	◆	◆	◆	◆	◆	■	◆	◆
Nevirapine	◆	◆	◆	◆	◆	◆	■	◆	◆
Rilpivirine	◆	◆	◆	◆	◆	◆	■	◆	◆
Rilpivirine/dolutegravir	◆	◆	■	◆	◆	◆	■	■	■
Rilpivirine/FTC/TAF	●	◆	●	■	■	■	■	●	●
NRTIs									
Abacavir	◆	◆	◆	■	■	■	■	◆	◆
Didanosine	◆	◆	◆	●	●	●	●	◆	◆
Emtricitabine (FTC)	■	◆	●	■	■	■	■	◆	◆
Emtricitabine + TAF	●	◆	●	■	■	■	■	●	●
Emtricitabine + TDF	●	◆	●	■	■	■	■	●	●
Lamivudine	◆	◆	◆	◆	◆	◆	■	◆	◆
Stavudine	■	◆	◆	■	■	■	■	◆	◆
Tenofovir-DF	●	◆	●	■	■	■	■	●	●
Zidovudine	◆	◆	◆	●	●	●	■	◆	◆
Protease Inhibitors									
Atazanavir alone	◆	◆	◆	◆	◆	■	■	◆	◆
Atazanavir/cobicistat	◆	◆	◆	◆	◆	■	■	◆	◆
Atazanavir + ritonavir	◆	◆	◆	◆	◆	■	■	◆	◆
Darunavir/cobicistat	◆	◆	◆	◆	◆	◆	■	◆	◆
Darunavir/cobi/FTC/TAF	●	◆	●	■	■	■	■	●	●
Darunavir + ritonavir	◆	◆	◆	◆	◆	◆	■	◆	◆
Fosamprenavir	◆	◆	◆	◆	◆	◆	■	◆	◆
Indinavir	◆	◆	◆	◆	◆	◆	■	◆	◆
Lopinavir	◆	◆	◆	◆	◆	◆	■	◆	◆
Ritonavir	◆	◆	◆	◆	◆	◆	■	◆	◆
Saquinavir	◆	◆	◆	◆	◆	◆	■	◆	◆
Tipranavir	◆	◆	◆	◆	◆	◆	■	●	■

	ADV	ETV	LAM	PEG IFN alfa-2a	PEG IFN alfa-2b	RBV	TBV	TAF	TDF
Hypertension/Heart Failure Agents									
Acebutolol	◆	◆	◆	◆	◆	◆	◆	◆	◆
Aliskiren	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ambrisentan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Amiloride	◆	◆	◆	◆	◆	◆	◆	◆	◆
Azilsartan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Benazepril	◆	◆	◆	◆	◆	◆	◆	◆	◆
Bendroflumethiazide	◆	◆	◆	◆	◆	◆	◆	◆	■
Bosentan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Bumetanide	■	■	◆	◆	◆	◆	◆	◆	■
Candesartan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Captopril	■	■	◆	◆	◆	◆	◆	◆	◆
Chlorthalidone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cilazapril	◆	◆	◆	◆	◆	◆	◆	◆	◆
Clevidipine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Clonidine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Doxazosin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Enalapril	◆	◆	◆	◆	◆	◆	◆	◆	◆
Eplerenone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Epoprostenol	◆	◆	◆	◆	◆	◆	◆	◆	◆
Eprosartan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Fosinopril	◆	◆	◆	◆	◆	◆	◆	◆	◆
Furosemide	■	■	◆	◆	◆	◆	◆	◆	▲
Hydralazine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hydrochlorothiazide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Iloprost	◆	◆	◆	◆	◆	◆	◆	◆	◆
Indapamide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Irbesartan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Isradipine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ivabradine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Lacidipine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Lercanidipine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Lisinopril	◆	◆	◆	◆	◆	◆	◆	◆	◆
Losartan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Macitentan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Methyldopa	◆	◆	◆	◆	◆	◆	◆	◆	◆
Metolazone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Moxonidine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Olmesartan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Perindopril	◆	◆	◆	◆	◆	◆	◆	◆	◆
Prazosin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Quinapril	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ramipril	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ranolazine	◆	◆	◆	◆	◆	◆	◆	■	■
Rilmendidine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Riociguat	◆	◆	◆	◆	◆	◆	◆	◆	◆
Selexipag	◆	◆	◆	◆	◆	◆	◆	◆	◆
Sildenafil	◆	◆	◆	◆	◆	◆	◆	◆	◆
Spiroolactone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Tadalafil	◆	◆	◆	◆	◆	◆	◆	◆	◆
Telmisartan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Torsemide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Trandolapril	◆	◆	◆	◆	◆	◆	◆	◆	◆
Treprostinil	◆	◆	◆	◆	◆	◆	◆	◆	◆
Valsartan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Xipamide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Zofenopril	◆	◆	◆	◆	◆	◆	◆	◆	◆

For personal use only. Not for distribution.

Key to symbols

●	These drugs should not be coadministered
■	Potential clinically significant interaction that is likely to require additional monitoring, alteration of drug dosage or timing of administration
▲	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment is unlikely to be required
◆	No clinically significant interaction expected

Notes

- Further information is available at www.hep-druginteractions.org
- Predicted interactions are based on known metabolic pathways and routes of clearance.
- Caution is required in patients with hepatic impairment as this may also increase drug levels and require dose modification.
- Where advice differs between countries, the charts reflect the more cautious option.

© Liverpool Drug Interactions Group,
 University of Liverpool, Pharmacology Research Labs,
 1st Floor Block H, 70 Pembroke Place, LIVERPOOL, L69 3GF
 We aim to ensure that information is accurate and consistent with current knowledge and practice. However, the University of Liverpool and its servants or agents shall not be responsible or in any way liable for the continued currency of information in this publication whether arising from negligence or otherwise howsoever or for any consequences arising therefrom. The University of Liverpool expressly exclude liability for errors, omissions or inaccuracies to the fullest extent permitted by law.

Interactions with HBV Treatment

Please note that if a drug is not listed it cannot automatically be assumed it is safe to coadminister.

ADV, Adefovir; ETV, Entecavir; LAM, Lamivudine; PEG IFN, Peginterferon; RBV, Ribavirin; TBV, Telbivudine; TAF, Tenofovir alafenamide; TDF, Tenofovir-DF.

	ADV	ETV	LAM	PEG IFN alfa-2a	PEG IFN alfa-2b	RBV	TBV	TAF	TDF
Illicit/Recreational									
Alcohol	◆	◆	◆	◆	◆	◆	◆	◆	◆
Amphetamine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cannabis	◆	◆	◆	◆	◆	◆	◆	◆	◆
Carfentanil	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cocaine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ecstasy (MDMA)	◆	◆	◆	◆	◆	◆	◆	◆	◆
GHB (Gamma-hydroxybutyrate)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Heroin	◆	◆	◆	◆	◆	◆	◆	◆	◆
LSD (Lysergic acid diethylamide)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Mephedrone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Methamphetamine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Phencyclidine (PCP)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Immunosuppressants									
Adalimumab	◆	◆	◆	▲	▲	■	◆	◆	◆
Alemtizumab	◆	◆	◆	◆	◆	◆	◆	◆	◆
Anakinra	◆	◆	◆	■	■	■	◆	◆	◆
Azathioprine	◆	◆	◆	■	■	■	◆	◆	◆
Baricitinib	◆	◆	◆	■	■	■	◆	◆	◆
Basiliximab	◆	◆	◆	◆	◆	◆	◆	◆	◆
Brodalumab	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ciclosporin	◆	◆	◆	◆	◆	◆	■	■	■
Eculizumab	◆	◆	◆	◆	◆	◆	◆	◆	◆
Etanercept	◆	◆	◆	◆	◆	◆	◆	◆	◆
Fingolimod	◆	◆	◆	◆	◆	◆	◆	◆	◆
Lenalidomide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Mycophenolate	◆	◆	◆	◆	◆	◆	◆	◆	■
Pirfenidone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Sirolimus	◆	◆	◆	◆	◆	◆	◆	◆	▲
Tacrolimus	◆	◆	◆	◆	◆	◆	◆	◆	▲
Lipid Lowering Agents									
Atorvastatin	◆	◆	◆	◆	◆	◆	■	◆	◆
Bezafibrate	◆	◆	◆	◆	◆	◆	■	◆	■
Ezetimibe	◆	◆	◆	◆	◆	◆	◆	◆	◆
Fenofibrate	◆	◆	◆	◆	◆	◆	■	◆	◆
Fish oils	◆	◆	◆	◆	◆	◆	◆	◆	◆
Fluvastatin	◆	◆	◆	◆	◆	◆	■	◆	◆
Gemfibrozil	◆	◆	◆	◆	◆	◆	◆	◆	◆
Lovastatin	◆	◆	◆	◆	◆	◆	■	◆	◆
Pitavastatin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Pravastatin	◆	◆	◆	◆	◆	◆	■	◆	◆
Rosuvastatin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Simvastatin	◆	◆	◆	◆	◆	◆	■	◆	◆

	ADV	ETV	LAM	PEG IFN alfa-2a	PEG IFN alfa-2b	RBV	TBV	TAF	TDF
Other Drugs									
Acamprosate	◆	◆	◆	◆	◆	◆	◆	◆	◆
Acetazolamide	■	■	◆	◆	◆	◆	◆	◆	■
Acitretin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Activated charcoal	▲	▲	▲	◆	◆	▲	▲	▲	▲
Allopurinol	◆	◆	◆	■	■	■	◆	◆	◆
Atomoxetine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Atropine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Baclofen	◆	◆	◆	◆	◆	◆	◆	◆	◆
Benralizumab	◆	◆	◆	◆	◆	◆	◆	◆	◆
Betahistine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Bimatoprost	◆	◆	◆	◆	◆	◆	◆	◆	◆
Biperiden	◆	◆	◆	◆	◆	◆	◆	◆	◆
Brinzolamide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Bromocriptine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Calcitonin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Calcium carbimide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Calcium resonium	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cannabidiol	◆	◆	◆	◆	◆	◆	◆	◆	◆
Carbimazole	◆	◆	◆	◆	◆	◆	◆	◆	◆
Carisoprodol	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cilostazol	◆	◆	◆	◆	◆	◆	◆	◆	◆
Clomifene	◆	◆	◆	◆	◆	◆	◆	◆	◆
Colchicine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Colestyramine	▲	▲	▲	◆	◆	▲	▲	▲	▲
Conivaptan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cyclobenzaprine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cytisine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Darbepoetin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Deferiprone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Denosumab	◆	◆	◆	◆	◆	◆	◆	◆	◆
Dexamfetamine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Dextromethorphan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Disulfiram	◆	◆	◆	■	■	◆	◆	◆	◆
Donepezil	◆	◆	◆	◆	◆	◆	◆	◆	◆
Dorzolamide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Dupilumab	◆	◆	◆	◆	◆	◆	◆	◆	◆
Eliglustat	◆	◆	◆	◆	■	◆	◆	◆	◆
Epoetin alfa	◆	◆	◆	◆	◆	◆	◆	◆	◆
Etelcalcetide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Febuxostat	◆	◆	◆	◆	◆	◆	◆	◆	◆
Filgrastim	◆	◆	◆	◆	◆	◆	◆	◆	◆
Filbanserin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Gadopentetate (gadolinium)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Glycerol phenylbutyrate	◆	◆	◆	◆	◆	◆	◆	◆	◆
Goserelin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Influenza vaccine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Isoorbide mononitrate	◆	◆	◆	◆	◆	◆	◆	◆	◆
Isotretinoin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Lanreotide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Levothyroxine	◆	◆	◆	◆	◆	■	◆	◆	◆
Lofexidine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Lumacaftor/Ivacaftor	◆	◆	◆	◆	◆	◆	◆	◆	◆
Magnesium	◆	◆	◆	◆	◆	◆	◆	◆	◆
Melatonin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Memantine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Methylphenidate	◆	◆	◆	◆	◆	◆	◆	◆	◆
Minoxidil	◆	◆	◆	◆	◆	◆	◆	◆	◆
Modafinil	◆	◆	◆	◆	◆	◆	◆	◆	◆
Naftidrofuryl	◆	◆	◆	◆	◆	◆	◆	◆	◆
Nalmefene	◆	◆	◆	◆	◆	◆	◆	◆	◆
Naloxone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Naltrexone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Neostigmine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Nicorandil	◆	◆	◆	◆	◆	◆	◆	◆	◆
Nusinersan	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ocrelizumab	◆	◆	◆	◆	◆	◆	◆	◆	◆
Orlistat	▲	▲	▲	◆	◆	▲	▲	▲	▲
Penicillamine	◆	◆	◆	◆	◆	◆	■	◆	■
Pentoxifylline	◆	◆	◆	◆	◆	◆	◆	◆	◆
Phenylephrine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Pilocarpine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Piracetam	◆	◆	◆	◆	◆	◆	◆	◆	◆
Potassium	◆	◆	◆	◆	◆	◆	◆	◆	◆
Protamine sulphate	◆	◆	◆	◆	◆	◆	◆	◆	◆
Pseudoephedrine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Pyridostigmine	▲	▲	▲	◆	◆	◆	◆	▲	▲
Raloxifene	◆	◆	◆	◆	◆	◆	◆	◆	◆
Sevelamer	▲	▲	▲	◆	◆	▲	▲	▲	▲
Strontium ranelate	▲	▲	▲	◆	◆	▲	▲	▲	▲
Thalidomide	◆	◆	◆	■	■	■	◆	◆	◆
Tranexamic acid	◆	◆	◆	◆	◆	◆	◆	◆	◆
Varenicline	◆	◆	◆	◆	◆	◆	◆	◆	◆

For personal use only. Not for distribution.

Key to symbols

●	These drugs should not be coadministered
■	Potential clinically significant interaction that is likely to require additional monitoring, alteration of drug dosage or timing of administration
▲	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment is unlikely to be required
◆	No clinically significant interaction expected

Notes

- Further information is available at www.hep-druginteractions.org
- Predicted interactions are based on known metabolic pathways and routes of clearance.
- Caution is required in patients with hepatic impairment as this may also increase drug levels and require dose modification.
- Where advice differs between countries, the charts reflect the more cautious option.

© Liverpool Drug Interactions Group,
University of Liverpool, Pharmacology Research Labs,
1st Floor Block H, 70 Pembroke Place, LIVERPOOL, L69 3GF

We aim to ensure that information is accurate and consistent with current knowledge and practice. However, the University of Liverpool and its servants or agents shall not be responsible or in any way liable for the continued currency of information in this publication whether arising from negligence or otherwise howsoever or for any consequences arising therefrom. The University of Liverpool expressly exclude liability for errors, omissions or inaccuracies to the fullest extent permitted by law.

Interactions with HBV Treatment

Charts revised November 2020. Full information available at www.hep-druginteractions.org

Please note that if a drug is not listed it cannot automatically be assumed it is safe to coadminister.

ADV, Adefovir; ETV, Entecavir; LAM, Lamivudine; PEG IFN, Peginterferon; RBV, Ribavirin; TBV, Telbivudine; TAF, Tenofovir alafenamide; TDF, Tenofovir-DF.

	ADV	ETV	LAM	PEG IFN alfa-2a	PEG IFN alfa-2b	RBV	TBV	TAF	TDF
Oxytocics									
Ergometrine (ergonovine)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Mifepristone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Misoprostol	◆	◆	◆	◆	◆	◆	◆	◆	◆
Parkinsonism Agents									
Benzotropine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Carbidopa	◆	◆	◆	◆	◆	◆	◆	◆	◆
Orphenadrine	◆	◆	◆	◆	◆	◆	◆	◆	◆
Pramipexole	◆	◆	▲	◆	◆	◆	◆	◆	◆
Procyclidine	◆	◆	▲	◆	◆	◆	◆	◆	◆
Rasagiline	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ropinirole	◆	◆	◆	◆	◆	◆	◆	◆	◆
PBC Agents									
Obeticholic acid	▲	◆	◆	◆	◆	◆	◆	◆	◆
Ursodeoxycholic acid	◆	◆	◆	◆	◆	◆	◆	◆	◆
Steroids									
Beclometasone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Betamethasone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Budesonide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ciclesonide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Clobetasol (topical)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Clobetasone (topical)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Dexamethasone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Fludrocortisone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Flunisolide	◆	◆	◆	◆	◆	◆	◆	◆	◆
Fluticasone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hydrocortisone (topical)	◆	◆	◆	◆	◆	◆	◆	◆	◆
Methylprednisolone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Mometasone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Prednicarbate	◆	◆	◆	◆	◆	◆	◆	◆	◆
Prednisone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Triamcinolone	◆	◆	◆	◆	◆	◆	◆	◆	◆
Urological Agents									
Alfuzosin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Desmopressin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Dutasteride	◆	◆	◆	◆	◆	◆	◆	◆	◆
Finasteride	◆	◆	◆	◆	◆	◆	◆	◆	◆
Mirabegron	◆	◆	◆	◆	◆	◆	◆	◆	◆
Silodosin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Solifenacin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Tamsulosin	◆	◆	◆	◆	◆	◆	◆	◆	◆
Tolterodine	◆	◆	◆	◆	◆	◆	◆	◆	◆

For personal use only. Not for distribution.

Key to symbols

●	These drugs should not be coadministered
■	Potential clinically significant interaction that is likely to require additional monitoring, alteration of drug dosage or timing of administration
▲	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment is unlikely to be required
◆	No clinically significant interaction expected

Notes

- Further information is available at www.hep-druginteractions.org
- Predicted interactions are based on known metabolic pathways and routes of clearance.
- Caution is required in patients with hepatic impairment as this may also increase drug levels and require dose modification.
- Where advice differs between countries, the charts reflect the more cautious option.

© Liverpool Drug Interactions Group,
 University of Liverpool, Pharmacology Research Labs,
 1st Floor Block H, 70 Pembroke Place, LIVERPOOL, L69 3GF
 We aim to ensure that information is accurate and consistent with current knowledge and practice. However, the University of Liverpool and its servants or agents shall not be responsible or in any way liable for the continued currency of information in this publication whether arising from negligence or otherwise howsoever or for any consequences arising therefrom. The University of Liverpool expressly exclude liability for errors, omissions or inaccuracies to the fullest extent permitted by law.