

TABLE 3: Drugs to Avoid With PI-Based HAART Regimens

Drug	Interaction	Recommendation
Ergot alkaloids such as dihydroergotamine, ergonovine, ergotamine, methylergonovine	Impaired hepatic metabolism from PI reported to increase risk of ergotamine toxicity	Avoid concurrent use with PI therapy. Consider alternative drugs such as sumatriptan.
Simvastatin, lovastatin, high dose atorvastatin	HMG CoA reductase inhibitor levels markedly increased	Select pravastatin or low dose atorvastatin during concurrent PI therapy as alternatives.
Phenytoin, carbamazepine, phenobarbital	Potential for increased metabolism of PI, leading to virologic failure	Avoid concurrent use if possible. Consider alternative anticonvulsant during PI therapy.
Alprazolam, midazolam, triazolam	Potential for prolonged or increased sedation or respiratory depression	Avoid concurrent use. Consider zolpidem or lorazepam.
GI motility agents	Cisapride	Contraindicated due to marked increase in cisapride levels and potential for QT prolongation
St. John's wort	Significant decrease in PI (IDV studied) levels, potentially leading to virologic failure or resistance	Avoid concurrent use during PI therapy.
Garlic	Significant decrease in PI (SQV studied) levels, potentially leading to virologic failure or resistance	Avoid concurrent use with PI therapy.
Pimozide	Potential increased risk of cardiac toxicity with concurrent ritonavir use	Avoid concurrent use with ritonavir-based regimens, including lopinavir/ritonavir.
Rifampin	Significant decrease in PI concentrations, potentially leading to virologic failure May use with full dose ritonavir	Consider rifabutin as an alternative.
Amiodarone, propafenone, bepridil, quinidine, flecainide	Potential increased risk for severe cardiac arrhythmias with concurrent ritonavir use	Avoid concurrent use with ritonavir-based regimens, including lopinavir/ritonavir.
Proton Pump Inhibitors such as omeprazole, esomeprazole, lansoprazole, rabeprazole, pantoprazole	Significant reductions in atazanavir plasma concentrations	Avoid concurrent use with atazanavir; consider use of an H2 receptor antagonist separated by at least 12 hours from atazanavir administration.

Adapted from reference 19, 21