Drug-Drug Interaction Watch List

The medications listed commonly have drug-drug interactions. If prescribing these medications, refer to a drug reference guide for interactions with other medications. **This is not an all-inclusive list.** All medications should be evaluated for drug, food and condition interactions prior to prescribing.

Analgesics	Genitourinary
Tramadol*	Phosphodiesterase-5 inhibitors
Anticonvulsants	Hematological
Carbamazepine	Clopidogrel
Phenobarbital	Warfarin – most common drug involved in drug-drug
Phenytoin	interactions
Anti-Infectives	Hormone Modifiers
Antiretrovirals	Oral contraceptives
Azole antifungals – Ketoconazole, Fluconazole	
Fluoroquinolones – Ciprofloxacin, Levofloxacin	
Macrolide antibiotics – Azithromycin, Clarithromycin, Erythromycin	
Metronidazole	
Propranolol	
Rifamycins – Rifampin, Rifapentine, Rifabutin	
Sulfamethoxazole/Trimethoprim	
Terbinafine	
Cardiovacoular	Nourological and Payehotheranautica
Aminderano	
Dittazem	SSRIS – Fluoxetine, Fluvoxamine, Paroxetine^^
Nifedipine	
Digoxin	
Nitrates – Nitroglycerin, Isosorbide	
Statins	
Potassium Supplements/Potassium Sparing meds	
Verapamil	
Gastrointestinal	Respiratory
Cimetidine	Theophylline

*UpToDate.com - Substrate of CYP2B6 (minor), CYP2D6 (major), CYP3A4 (major)

**UpToDate.com - The specific cytochrome enzymes that each drug and their metabolites potently or moderately inhibit are as follows:

- ●Citalopram, Escitalopram, Sertraline none
- •Fluoxetine CYP2D6 (potent) and 2C19 (moderate)
- •Fluvoxamine CYP1A2 (potent) and 2C19 (moderate)
- Paroxetine CYP2D6 (potent)

All SSRIs weakly inhibit one or more other cytochrome P450 drug metabolizing enzymes. However, weak inhibition of CYP450 metabolism rarely alters the levels or activity of other medications to a degree that is clinically significant.

References:

https://www.aafp.org/pubs/afp/issues/2007/0801/p391.html

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https://mnpoison.org/wp-content/uploads/common-drug-interactions.pdf

https://www.currytbcenter.ucsf.edu/sites/default/files/2022-12/Rifamycin_2022.pdf