

## List of 22 Drug-Drug interactions

Update 8/2016

Drugs	Drugs	Possible interaction&effects	Management
Warfarin	Quinolones, Macrolides, Metronidazoles	Increase anticoagulant effect of warfarin	Monitor anticoagulant activity more frequently when starting or stopping Quinolones and adjust the Warfarin dose accordingly.
	Azoles		
	Simvastatin, Fluvastatin, Atorvastatin, Rosuvastatin		
	Thyroid Hormone		
	NSAIDs		
	Fibric acids		
	H2 Antagonists		
Digoxin	Erythromycin	Digoxin serum levels or toxicity may be increased.	Monitor for increased digoxin levels and symptoms of toxicity (confusion, irregular pulse, loss of appetite, nausea, vomiting, palpitations, visual changes). A decreased digoxin dose may be necessary.
	Clarithromycin		
	Azithromycin		Monitor Potassium and Magnesium level or change to Potassium sparing diuretics
	HCTZ		
Simvastatin, Atorvastatin	Erythromycin	Statin serum level may be increased. Severe myopathy or rhabdomyolysis may occur.	If possible, administer alternative therapy. Fluvastatin and pravastatin are not metabolized by CYP3A4 and may be less likely to interact. Monitor muscle pain, tenderness or weakness. If coadministration of both agents cannot be avoided, consider reducing the Simvastatin dose and monitor patient response carefully.
	Clarithromycin		
	Azoles		
Fluvastatin, Rosuvastatin	Azoles		
All Statins	Fibric acids		
Sildenafil	Nitrates	Increase Hypotensive effect.	Avoid using both medications concomitantly.
Potassium supplement	Potassium sparing diuretics	Decrease Potassium excretion.	Monitor serum Potassium level.
Methotrexate	Piperacillin, Penicillin, Dicloxacillin	Serum methotrexate concentrations may be elevated, increasing the risk of toxicity)	Monitor patients for MTX toxicity (thrombocytopenia, anemia, nephrotoxicity, leukopenia, mucosal ulcerations) and measure MTX concentrations twice a week for at least the first 2 weeks.
	NSAIDs		
Carbamazepine	Erythromycin	Carbamazepine concentration or toxicity may be increased	Monitor Carbamazepine levels, and closely observe the patient for toxicity (Ataxia, Nystagmus, Atrioventricular block, arrhythmias). Consider stopping either drug, decreasing the carbamazepine dose or using an alternative macrolides.
	Clarithromycin		
Cafergot	Eletriptan (Relpax)	The risk of vasospastic reactions may be increased	Should be used Triptans and Cafergot 24 hours apart.
	Sumatriptan (Imigran)		
	Zomitriptan (Zomig)		
	Ketoconazole, Itraconazole	The risk of ergot toxicity (peripheral vasospasm, ischemia of the extremities) may be increased.	The cafergot may be decreased. One or both agents may required discontinuation.
	Erythromycin, Clarithromycin		