Table 245.6. Interactions between darunavir–ritonavir and other clinically important drugs.

Co-administered drug	Effect of co-administration with DRV/RTV	Recommendation
Warfarin	Warfarin exposure decreased	Monitor INR
Other anticoagulants: dabigatran, rivaroxaban, apixaban	Increased exposure to all three anticoagulants due to CYP3A and P-glycoprotein inhibition	Avoid co-administration of rivaroxaban and protease inhibitors Use dabigatran and protease inhibitors with caution Avoid dabigatran in renal impairment in this group
HMG-CoA reductase inhibitors	Statin exposure increased	Avoid lovastatin and simvastatin
Digoxin	Digoxin exposure increased	Commence digoxin at lowest possible dose
Beta-blockers	Increased beta-blocker exposure	Monitor clinically with excessive beta blockage
Antiarrhythmics: amiodarone, bepridil, disopyramide, dronedarone, flecainide, mexiletine, propafenone, lidocaine (systemic), quinidine	Increased exposure to antiarrhythmics	Co-administration of dronedarone with DRV–RTV contraindicated
Alfuzosin	Increased exposure to alpha-blocker alfuzosin	Co-administration with DRV–RTV contraindicated
Antianginal: ranolazine	Exposure to ranolazine may be increased	Co-administration with DRV–RTV contraindicated
Antihistamines: astemizole, terfenadine	Exposure to both antihistamines may be increased, with the potential development of life-threatening arrhythmias	Co-administration with DRV–RTV contraindicated
Antineoplastics: dasatinib, everolimus, nilotinib, vinblastine, vincristine	Plasma concentrations antineoplastics expected to increase	Co-administration of everolimus with DRV–RTV not recommended
Ergot derivatives: dihydroergotamine, ergonovine, ergotamine, methylergonovine	Increased exposure to ergot alkaloids with potential for acute toxicity	Co-administration with DRV–RTV contraindicated
Cisapride	Increased exposure to cisapride, with potential for life threatening cardiac arrhythmias	Co-administration with DRV–RTV contraindicated
Colchicine	Increased exposure to colchicine	Dose reduction of colchicine recommended. Concomitant colchicine and DRV–RTV administration contraindicated in hepatic and renal impairment
St. John's wort	Decreased levels of darunavir due to induction of CYP3A	Co-administration with DRV–RTV contraindicated
Pimozide	Increased exposure to pimozide due to inhibition of CYP3A and CYP2D6, with potential development of life-threatening arrhythmias	Co-administration with DRV–RTV contraindicated
Other neuroleptics: risperidone, thioridazine, quetiapine	Increased levels of neuroleptic exposure	Clinical monitoring recommended. Dose reduction may be necessary
Calcium channel blocker	Increased exposure to calcium channel blockers	Use with caution
Salmeterol	Increased salmeterol exposure	Avoid co-administration
PDE-5 inhibitors: sildenafil, vardenafil, tadalafil	Increased exposure to PDE-5 inhibitors	Use with caution Sildenafil dose should be < 25 mg in 48 hours; vardenafil at a single dose < 2.5 mg in 72 hours; tadalafil at a single dose < 10 mg in 72 hours Dosing of sildenafil for pulmonary hypertension is not established Due to increased potential for adverse effects with concomitant DRV–RTV, co-administration of sildenafil is not recommended