

Interaction		Effect/action
Warfarin	Azapropazone or phenyl butazone	bleed
	Rifampicin	Dec. warfarin effect
MAOIs	Tyramine-food	Hypertensive crisis
Tetracycline or Quinolone	Antacids and milky food	Dec. antibiotic effect
Antihypertensive	Diuretics	Effect inc.
Cimetidine Ranitidine – Famotidine	Ketoconazole	Dec. Ketoconazole absorption (Cimetidine Dec AUC of ketoconazole – treatment failure)
Activated charcoal Kaolin – pectin	Drug overdose Therapeutic doses	Adsorb Absorb
Tetracycline – Flouro quinone	Divalent or Trivalent ions : Ca,Al,Mg,Bi,Fe	Insoluble or poorly sol. chelates
Cholestyramine – Colestipol	Thyroxin - Warfarin	Dec. their absorption Cholestyramine should not be administered 3 to 6 hours after it.
TCA	dicoumarol	Inc. absorption bec. time for dissolution & absorption increased
	Levodopa	Dec. absorption bec. of increased exposure time to intestinal mucosal metabolism
Metoclopramide (Inc. motility)	Sustained release	Dec. absorption of SR
	Enteric coated	Dec absorption of EC
Phytoin (Antiepileptic)	Valproic acid	Binding to plasma protiens reduced from 99% to 95%, this results in increase in the unbound fraction from 1% to 4%
	Chloramphenicol	Enzyme inhibition – rapid toxicity & narrow therapeutic index
Barbiturates Rifampin Isoniazid Phenytoin Carbamazepine	Oral anticoagulants Phenobarbital	Enzyme inducers (Inc. rate of metabolism & excretion)
Cimetidine (not ranitidine)	Propanolol	Dec. Hepatic blood flow so Inc. Bioavailability
Propanolol	Lidocaine	Dec its own clearance & that of other drugs
Quinidine	Digoxin	Altered reabsorption in kidney tubules
Probenicid (for gout)	Penicillin	Dec in excretion of penicillin - retained
Methotrexate	Ketoprofen	Competes on same carriers , inhibit active renal tubular secretion of methotrexate – Fatal methotrexate toxicity
Indomethacin NSAIDs	Lithium	They inhibit synthesis of prostaglandins (renal vasodilator) – So Dec. excretion of Lithium & it's serum level Inc.
Alcohol	Hypnotics tranquillizers	Drowsiness (additive)
Warfarin	Increased Vit.K intake	Prothrombin time (clotting time) return to normal - coagulation

Warfarin	Aspirin	Inc anticoagulant effect - bleeding
Erythromycin	Terfenadine Astemizole	Pronlongation of QTC interval
	Loratidine	Inc level of loratidine - Inc sedation
Tacrine Carbamazepine Phenytoin Theophylline Warfarin Certain benzodiazepine	Cimetidine (nor ranitidine)	Inhibit CYP1A2 to inc levels of tacrine
Antacid (Mg,Al)	Levofloxacin	Levofloxacin should not be administered within 2 hours of the antacid