

Interaction Report

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Antiretroviral Treatment

Co-medications

Efavirenz (EFV)

Sertraline

This report lists the summaries of potential interactions (i.e. "red", "amber" and "yellow" classifications) for the drugs in the table above.

Interactions with a "green" or "grey" classification (i.e. no clinically significant interaction or no clear data) have been checked and are listed at the end of this report, but summaries are not shown.

For full details of all interactions, see www.hiv-druginteractions.org.

Description of the interactions

Potential weak interaction - additional action/monitoring or dosage adjustment is unlikely to be required (YELLOW)

Efavirenz (EFV) + Sertraline

Coadministration of sertraline (50 mg once daily) and efavirenz (600 mg) decreased sertraline C_{max} (29%), AUC (39%) and C_{min} (46%). Efavirenz C_{max} increased by 11% but there was no change in AUC or C_{min}. No a priori dosage adjustment is required. Note, the product label for efavirenz is more cautious in its recommendation and suggests that increases in sertraline dose should be guided by clinical response. Sertraline has a conditional risk of QT prolongation and/or TdP on the CredibleMeds.org website. Efavirenz was shown to prolong the QT interval above the regulatory threshold of concern in homozygous carriers of the CYP2B6*6/*6 allele (i.e. 516T variant in the gene encoding CYP2B6). The European product label for efavirenz contraindicates coadministration with a drug with a known risk of Torsade de Pointes whereas the American product label for efavirenz recommends that alternatives should be considered. As the potential risk of a QT interval prolongation relates specifically to homozygous carriers of CYP2B6*6/*6 and given the accumulated years of safety data with efavirenz and such drugs, the contraindication is not reflected in the colour coding of this interaction summary.