Brand Names

Anti-Diarrheal, Imodium A-D, Imodium A-D EZ Chews , K-Pek II, Medique Diamode

Indication Specific Dosing

For the treatment of diarrhea, including acute nonspecific diarrhea, traveler's diarrhea, chronic diarrhea, or ileostomy-associated diarrhea†

For the treatment of acute nonspecific diarrhea, including traveler's diarrhea

Oral dosage

Adults

4 mg PO once, followed by 2 mg PO after each subsequent unformed stool. Max: 16 mg/day if given by prescription. For self-treatment (OTC use), do not exceed 8 mg/day. Consult a health care provider if there is fever or mucus in the stool, or if diarrhea persists longer than 2 days. Do not use if stool is bloody or black. Loperamide may be considered for mild traveler's diarrhea or as adjunctive therapy for moderate to severe traveler's diarrhea.

Adolescents

4 mg PO once, followed by 2 mg PO after each subsequent unformed stool. Max: 16 mg/day if given by prescription. For self-treatment (OTC use), do not exceed 8 mg/day. Consult a health care provider if there is fever or mucus in the stool, or if diarrhea persists longer than 2 days. Do not use if stool is bloody or black. Loperamide may be considered for mild traveler's diarrhea or as adjunctive therapy for moderate to severe traveler's diarrhea.

Children 9 to 12 years weighing more than 30 kg

2 mg PO once, followed by 1 mg PO after each subsequent unformed stool. Max: 6 mg/day. When possible, use weight to determine dose, otherwise use age.

Consult a health care provider if there is fever or mucus in the stool, or if diarrhea persists longer than 2 days. Do not use if stool is bloody or black. Loperamide may be considered for mild traveler's diarrhea or as adjunctive therapy for moderate to severe traveler's diarrhea.

Children 6 to 8 years weighing 21 to 30 kg

2 mg PO once, followed by 1 mg PO after each subsequent unformed stool. Max: 4 mg/day. When possible, use weight to determine dose, otherwise use age. Consult a health care provider if there is fever or mucus in the stool, or if diarrhea persists longer than 2 days. Do not use if stool is bloody or black. Loperamide may be considered for mild traveler's diarrhea or as adjunctive therapy for moderate to severe traveler's diarrhea.

Children 2 to 5 years weighing 13 to 20 kg

1 mg PO once, followed by 1 mg PO after each subsequent unformed stool. Max: 3 mg/day. Consult a health care provider if there is fever or mucus in the stool, or if diarrhea persists longer than 2 days. Do not use if stool is bloody or black. Loperamide may be considered for mild traveler's diarrhea or as adjunctive therapy for moderate to severe traveler's diarrhea.

For the treatment of chronic diarrhea associated with inflammatory bowel disease

Oral dosage

Adults

4 mg PO once, followed by 2 mg PO after each subsequent unformed stool; then reduce dose to meet individual requirements. When the optimal daily dosage is established, may administer as a single dose or in divided doses. Usual dose: 4 to 8 mg/day. Max: 16 mg/day. If clinical improvement is not observed after treatment with 16 mg/day for 10 days, symptoms are unlikely to be controlled by further use. Loperamide may be continued if diarrhea responds and cannot be adequately controlled with diet or specific treatment.

For the treatment of ileostomy-associated diarrhea† to reduce output volume

Oral dosage

Adults

4 mg PO 2 to 3 times daily.

For the treatment of nonspecific chronic diarrhea†

Oral dosage

Adults

2 to 4 mg PO 4 times daily.

For the adjunctive management of diarrhea-predominant irritable bowel syndrome

Oral dosage

Adults

4 mg PO initially, then 2 mg PO after each unformed stool until diarrhea is controlled, then reduce daily use to meet individual requirements. The average total daily maintenance dosage in clinical trials was 4 to 8 mg/day; a usual range is 2 to 4 mg PO up to 3 times per day. Max: 16 mg/day. If clinical improvement is not observed after 10 days of maximal doses, symptoms are unlikely to be controlled by further use; discontinue therapy. Loperamide may be continued if diarrhea responds and cannot be adequately controlled with diet or specific treatment.

For the treatment of AIDS-associated enteropathy† with no identifiable infectious cause

Oral dosage

Adults

If used under prescription, 4 mg PO initially, followed by 2 mg PO after each unformed stool; Max: 16 mg/day PO. For self-treatment (OTC use), do not exceed 8 mg/day PO. If diet modifications, including psyllium and fiber introduction, fail to resolve symptoms, then loperamide (at usual doses), followed by crofelemer, may be considered for non-pathogen HIV-associated diarrhea and enteropathy.

For management of late-onset irinotecan-induced diarrhea†

Oral dosage

Adults

Give 4 mg PO at the first sign of late diarrhea (24 hours or more after irinotecan administration). Then, 2 mg PO every 2 hours until diarrhea-free for at least 12 hours. At night, 4 mg PO every 4 hours may be used. Max: 24 mg/day is the suggested maximum. Regimen exceeds the usual maximum adult dosage of 16 mg/day.

For the treatment of short bowel syndrome†

Oral dosage

Adults

2 to 8 mg PO 2 to 4 times daily. May increase the dose every 2 to 5 days if inadequate response and depending on tolerability. Higher doses (12 to 24 mg/dose) may be needed due to disrupted enterohepatic circulation. Usual Max: 16 mg/day. Max: 32 mg/day.

For the treatment of high output enterocutaneous fistula†

Oral dosage

Adults

4 mg PO 3 to 4 times daily, initially. Adjust dose by 2 mg/dose as needed based on clinical response. Max: 24 mg/day. Avoid liquid formulation due to propylene glycol content.

Contraindications And Precaution

Drug Interactions

The coadministration of certain medications may lead to harm and require avoidance or therapy modification; review all drug interactions prior to concomitant use of other medications.

Hypersensitivity

This medication is contraindicated in patients with a history of hypersensitivity to it or any of its components.

General Information

Treatment of diarrhea with loperamide is only symptomatic. Whenever an underlying etiology can be determined, specific treatment should be given when appropriate (or when indicated).

Fluid and electrolyte depletion often occur in patients who have diarrhea. In such cases, administration of appropriate fluid and electrolytes is very important. The use of loperamide does not preclude the need for appropriate fluid and electrolyte therapy.

bradycardia, cardiac arrhythmias, cardiomyopathy, congenital long QT syndrome, coronary artery disease, females, geriatric, hypocalcemia, hypokalemia, hypomagnesemia, QT prolongation, torsade de pointes

Use loperamide with caution in patients with a history of cardiac arrhythmias; these patients should check with their care team before use. Cases of torsade de pointes, cardiac arrest, and death have been reported with the use of a higher than recommended dosage of loperamide. Use loperamide with caution in people with baseline QT prolongation or who have conditions that may increase the risk of QT prolongation or torsade de pointes, including bradycardia, congenital long QT syndrome, hypocalcemia, hypokalemia, hypomagnesemia, geriatric adults, females, structural abnormalities that interfere with electrical conduction (e.g., cardiomyopathy, coronary artery disease, ischemic heart disease), or in those who have other additional risk factors for QT prolongation or torsade de pointes. The use of other medications that have been associated with QT prolongation or torsade de pointes may further increase risk. Counsel patients not to exceed dosage limits and to stop loperamide and seek medical attention for any of the following: diarrhea that lasts more than 2 days, abnormal swelling or bulging, fainting, rapid or irregular heart beat, or if the patient becomes unresponsive. If drug toxicity is suspected, obtain loperamide serum concentrations and initiate necessary treatment with medications, electrical pacing, or cardioversion. Of note, standard opioid drug screens do not include an assay for loperamide, so testing for loperamide drug concentrations must be specifically requested. Health care providers are urged to report any potential loperamide-associated adverse event to the FDA MedWatch program.

bacterial enterocolitis, dysentery, fever, pseudomembranous colitis, ulcerative colitis

Loperamide should not be used as the primary therapy for diarrhea in patients with acute dysentery (diarrhea with blood in stools and high fever), in people with acute ulcerative colitis, in patients with bacterial enterocolitis caused by invasive organisms including Salmonella, Shigella, and Campylobacter, or in those with pseudomembranous colitis associated with the use of broad-spectrum antibiotics. In general, loperamide should not be used when inhibition of peristalsis is to be avoided due to the possible risk of significant sequelae including ileus, megacolon and toxic megacolon. Loperamide must be discontinued promptly when constipation, abdominal distention or ileus develop. Patients with fever, blood, or mucus in the stool should not self-treat but

should seek medical professional evaluation and advice prior to loperamide nonprescription use.

abdominal pain, acquired immunodeficiency syndrome (AIDS)

Loperamide use is contraindicated in patients with abdominal pain in the absence of diarrhea. Patients with acquired immunodeficiency syndrome (AIDS) treated with loperamide for diarrhea should have therapy stopped at the earliest signs of abdominal distention. There have been isolated reports of toxic megacolon in AIDS patients with infectious colitis from both viral and bacterial pathogens treated with loperamide.

hepatic failure

Although no pharmacokinetic data are available in patients with hepatic impairment, loperamide should be used with caution in such patients because of reduced first pass metabolism. Patients with hepatic failure or impairment should be monitored closely for signs of CNS toxicity.

pregnancy

There are no adequate and well controlled studies in pregnant women. Loperamide should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. As with all medications, women should consult their health care professional prior to self-treatment during pregnancy. Animal reproduction studies with rats and rabbits, up to 30 times human doses of loperamide, have not demonstrated impaired fertility, teratogenicity, or fetal harm. Although the American Gastroenterological Association considers loperamide to be low risk for use during pregnancy, human data are limited and when possible, it is generally advised to avoid use during pregnancy if possible until more data are available. One prospective, controlled surveillance study involving 108 newborns exposed to loperamide during gestation reported 6 (5.6%) major birth defects, three of which were cardiovascular defects; the authors concluded that the drug was likely not associated with an increased risk of major malformations. In a different epidemiologic study 43 cases of women reporting the use of loperamide in early pregnancy were compared with a control group. The risk of any congenital malformation was increased (OR = 1.43, 95% CI 1.04 to 1.96) but no major contributing type could be identified. The risk of hypospadias was significantly increased (RR = 3.2, 95% CI 1.3 to 6.6), based on 7 cases and there was a noted increased risk for placenta previa, large for gestational age, and caesarean section in the exposed infants. The authors concluded that there may be moderate risks associated with loperamide exposure in early pregnancy.

activities requiring coordination and concentration, driving or operating machinery

Loperamide may aggravate tiredness, dizziness, or drowsiness during the diarrheal syndrome; therefore patients taking loperamide should be advised to avoid driving or operating machinery and activities requiring coordination and concentration until the effects of the drug are known.

breast-feeding

Loperamide prescription product labels recommend against loperamide use during lactation. However, the American Academy of Pediatrics has historically considered the acute use of loperamide compatible with breast-feeding. Small amounts of loperamide may appear in human breast milk, based on data of the excretion of loperamide in human breast milk at low levels following use of a prodrug, loperamide oxide. Thus, short-term, limited use of loperamide for acute diarrhea during breast-feeding is unlikely to affect the infant. As with all medications, women are advised to consult their health care professional prior to self-treatment during lactation, and to check with a health care provider prior to using loperamide for more than 2 days without a prescription if they are breast-feeding.

children, infants, neonates

Loperamide is contraindicated for use in neonates, infants, or children less than 2 years of age due to variable responses in this age group, and an increased risk for respiratory depression and serious cardiac events. Serious cardiac events (i.e., syncope, hypoventilation, ventricular tachycardia) have been reported to the FDA Adverse Event Reporting System (FAERS) following off-label use in pediatric patients less than 2 years of age.

Pregnancy And Lactation

There are no adequate and well controlled studies in pregnant women. Loperamide should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. As with all medications, women should consult their health care professional prior to self-treatment during pregnancy. Animal reproduction studies with rats and rabbits, up to 30 times human doses of loperamide, have not demonstrated impaired fertility, teratogenicity, or fetal harm. Although the American Gastroenterological Association considers loperamide to be low risk for use during pregnancy, human data are limited and when possible, it is generally advised to avoid

use during pregnancy if possible until more data are available. One prospective, controlled surveillance study involving 108 newborns exposed to loperamide during gestation reported 6 (5.6%) major birth defects, three of which were cardiovascular defects; the authors concluded that the drug was likely not associated with an increased risk of major malformations. In a different epidemiologic study 43 cases of women reporting the use of loperamide in early pregnancy were compared with a control group. The risk of any congenital malformation was increased (OR = 1.43, 95% CI 1.04 to 1.96) but no major contributing type could be identified. The risk of hypospadias was significantly increased (RR = 3.2, 95% CI 1.3 to 6.6), based on 7 cases and there was a noted increased risk for placenta previa, large for gestational age, and caesarean section in the exposed infants. The authors concluded that there may be moderate risks associated with loperamide exposure in early pregnancy.

Interactions

Abrocitinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with abrocitinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and abrocitinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Adagrasib: (Major) Avoid concomitant use of adagrasib and loperamide due to the potential for increased loperamide exposure and additive risk for QT/QTc prolongation and torsade de pointes (TdP). If use is necessary, monitor for loperamide-related adverse effects and consider taking additional steps to minimize the risk for QT prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring. Loperamide is a CYP3A and P-gp substrate, adagrasib is a strong CYP3A and P-gp inhibitor, and both medications have been associated with QT interval prolongation. Coadministration with another strong CYP3A inhibitor increased loperamide exposure by 3.8-fold. Coadministration with another P-gp inhibitor increased loperamide exposure by 2- to 3-fold.
Alfuzosin: (Moderate) Concomitant use of loperamide and alfuzosin may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Alosetron: (Moderate) Use alosetron with caution and monitoring in patients taking additional medications that may reduce gastric motility, including antidiarrheals, due to increased risk for serious complications of constipation.
Amiodarone: (Major) Concomitant use of amiodarone and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Concomitant use may also

increase the exposure of loperamide, further increasing the risk for cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, TdP, cardiac arrest) and other loperamide-associated adverse reactions, such as CNS effects. Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Due to the extremely long half-life of amiodarone, a drug interaction is possible for days to weeks after drug discontinuation. Loperamide is a P-gp substrate and amiodarone is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Amisulpride: (Major) Concomitant use of loperamide and amisulpride increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Amoxicillin; Clarithromycin; Omeprazole: (Major) Concomitant use of loperamide and clarithromycin increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A4 and P-gp substrate and clarithromycin is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Anagrelide: (Major) Concomitant use of loperamide and anagrelide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Apomorphine: (Moderate) Concomitant use of loperamide and apomorphine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
ARIPiprazole: (Moderate) Concomitant use of loperamide and aripiprazole may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.

Arsenic Trioxide: (Major) Concomitant use of loperamide and arsenic trioxide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Artemether; Lumefantrine: (Major) Concomitant use of loperamide and artemether; lumefantrine increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Asciminib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with asciminib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and asciminib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Asenapine: (Major) Concomitant use of loperamide and asenapine increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Atazanavir: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with atazanavir. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 substrate and atazanavir is a strong CYP3A4 inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Atazanavir; Cobicistat: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with atazanavir. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 substrate and atazanavir is a strong CYP3A4 inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold. (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with cobicistat. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 and P-gp substrate and cobicistat is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.

Atomoxetine: (Moderate) Concomitant use of atomoxetine and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Azithromycin: (Major) Concomitant use of azithromycin and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Bedaquiline: (Major) At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Bedaquiline has also been reported to prolong the QT interval. Coadministration may result in additive or synergistic prolongation of the QT interval. Monitor the ECG.
Belumosudil: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with belumosudil. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and belumosudil is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Benztropine: (Moderate) Both antidiarrheals and anticholinergics, such as benztropine, decrease GI motility. Use of these drugs together may produce additive effects on the GI track; thereby increasing the risk for toxic megacolon.
Bismuth Subcitrate Potassium; metroNIDAZOLE; Tetracycline: (Moderate) Concomitant use of metronidazole and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Bismuth Subsalicylate; metroNIDAZOLE; Tetracycline: (Moderate) Concomitant use of metronidazole and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Brigatinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with brigatinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and brigatinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.

Buprenorphine: (Major) Concomitant use of loperamide and buprenorphine increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Buprenorphine; Naloxone: (Major) Concomitant use of loperamide and buprenorphine increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Cabotegravir; Rilpivirine: (Moderate) Caution is advised when administering rilpivirine with loperamide as concurrent use may increase the risk of QT prolongation. Supratherapeutic doses of rilpivirine (75 to 300 mg/day) have caused QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Cannabidiol: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest) if coadministered with cannabidiol. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and cannabidiol is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Capmatinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with capmatinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and capmatinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Carvedilol: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with carvedilol. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and carvedilol is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Ceritinib: (Major) Concomitant use of loperamide and ceritinib increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.

Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A4 substrate and ceritinib is a strong CYP3A4 inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Chloramphenicol: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with chloramphenicol. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 substrate and chloramphenicol is a strong CYP3A4 inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Chloroquine: (Major) Avoid coadministration of chloroquine with loperamide due to the increased risk of QT prolongation. If use together is necessary, obtain an ECG at baseline to assess initial QT interval and determine frequency of subsequent ECG monitoring, avoid any non-essential QT prolonging drugs, and correct electrolyte imbalances. Chloroquine is associated with an increased risk of QT prolongation and torsade de pointes (TdP); the risk of QT prolongation is increased with higher chloroquine doses. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest.
chlorproMAZINE: (Major) Concomitant use of loperamide and chlorpromazine increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Cholestyramine: (Moderate) Cholestyramine may inhibit the effect of loperamide, which may be the result of binding in the GI tract. A causal relationship has not been established; however, loperamide should be administered at least 2 hours apart from cholestyramine until the significance of this interaction is known.
Ciprofloxacin: (Moderate) Concomitant use of loperamide and ciprofloxacin may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Cisapride: (Contraindicated) QT prolongation and ventricular arrhythmias, including torsade de pointes (TdP) and death, have been reported with cisapride. Because high doses of loperamide have been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest, coadministration is contraindicated.
Citalopram: (Major) Concomitant use of citalopram and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible,

especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Clarithromycin: (Major) Concomitant use of loperamide and clarithromycin increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A4 and P-gp substrate and clarithromycin is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Clofazimine: (Moderate) Concomitant use of clofazimine and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
cloZAPine: (Major) Loperamide should be used cautiously and with close monitoring with clozapine. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Treatment with clozapine has been associated with QT prolongation, torsade de pointes (TdP), cardiac arrest, and sudden death. The manufacturer of clozapine recommends caution during concurrent use with medications known to cause QT prolongation. In addition, both drugs may decrease gastrointestinal (GI) motility; concurrent use could produce additive GI effects and induce toxic megacolon. If these drugs are given together, monitor for prolongation of the QT interval and for signs of impaired intestinal motility.
Cobicistat: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with cobicistat. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 and P-gp substrate and cobicistat is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Codeine; Phenylephrine; Promethazine: (Moderate) Concomitant use of loperamide and promethazine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Codeine; Promethazine: (Moderate) Concomitant use of loperamide and promethazine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some

patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Conivaptan: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with conivaptan. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and conivaptan is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Crizotinib: (Major) Avoid concomitant use of crizotinib and loperamide due to the risk of additive QT prolongation. If concomitant use is necessary, monitor ECGs for QT prolongation and monitor electrolytes. An interruption of therapy, dose reduction, or discontinuation of therapy may be necessary for crizotinib if QT prolongation occurs. Crizotinib is has been associated with concentration-dependent QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Crofelemer: (Moderate) Pharmacodynamic interactions between crofelemer and other antidiarrheals are theoretically possible. Crofelemer does not affect GI motility mechanisms, but does have antidiarrheal effects. Patients taking antidiarrheal medications that decrease GI motility may be at greater risk for serious complications from crofelemer, such as constipation with chronic use. During clinical trials with crofelemer, patients were excluded if they were actively using other antidiarrheal medications. Use caution and monitor GI symptoms during coadministration.
cycloSPORINE: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with cyclosporine. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and cyclosporine is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Danicopan: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with danicopan. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and danicopan is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Daridorexant: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with daridorexant. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and daridorexant is

a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Darunavir: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with darunavir. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 substrate and darunavir is a strong CYP3A4 inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Darunavir; Cobicistat: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with cobicistat. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 and P-gp substrate and cobicistat is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold. (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with darunavir. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 substrate and darunavir is a strong CYP3A4 inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Darunavir; Cobicistat; Emtricitabine; Tenofovir alafenamide: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with cobicistat. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 and P-gp substrate and cobicistat is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold. (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with darunavir. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 substrate and darunavir is a strong CYP3A4 inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Dasatinib: (Moderate) Monitor for evidence of QT prolongation and torsade de pointes (TdP) during concurrent use of dasatinib and loperamide. In vitro studies have shown that dasatinib has the potential to prolong the QT interval. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Degarelix: (Moderate) Consider whether the benefits of androgen deprivation therapy outweigh the potential risks in patients receiving loperamide as concurrent use may increase the risk of QT prolongation. Androgen deprivation therapy (i.e., degarelix) may

prolong the QT/QTc interval. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Desflurane: (Major) At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Drugs with a possible risk for QT prolongation and TdP, like halogenated anesthetics, should be used cautiously and with close monitoring with loperamide.
Deutetrabenazine: (Moderate) The risk of QT prolongation may be increased with coadministration of deutetrabenazine and loperamide. Deutetrabenazine may prolong the QT interval, but the degree of QT prolongation is not clinically significant when deutetrabenazine is administered within the recommended dosage range. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
dexmedeTOMIDine: (Moderate) Concomitant use of dexmedetomidine and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Dextromethorphan; quiNIDine: (Major) Concomitant use of loperamide and quinidine increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and quinidine is a P-gp inhibitor. Coadministration with quinidine increased loperamide plasma concentrations by 2- to 3-fold.
Dicyclomine: (Moderate) Both antidiarrheals and anticholinergics, such as dicyclomine, decrease GI motility. Use of these drugs together may produce additive effects on the GI track; thereby increasing the risk for toxic megacolon.
Disopyramide: (Major) Concomitant use of loperamide and disopyramide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Dofetilide: (Major) Coadministration of dofetilide and loperamide is not recommended as concurrent use may increase the risk of QT prolongation. Dofetilide, a Class III antiarrhythmic agent, is associated with a well-established risk of QT prolongation and

torsade de pointes (TdP). At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest.
Dolasetron: (Moderate) Administer dolasetron with caution in combination with loperamide as concurrent use may increase the risk of QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Dolasetron has been associated with a dose-dependent prolongation in the QT, PR, and QRS intervals on an electrocardiogram.
Dolutegravir; Rilpivirine: (Moderate) Caution is advised when administering rilpivirine with loperamide as concurrent use may increase the risk of QT prolongation. Supratherapeutic doses of rilpivirine (75 to 300 mg/day) have caused QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Donepezil: (Moderate) Use donepezil with caution in combination with loperamide as concurrent use may increase the risk of QT prolongation. Case reports indicate that QT prolongation and torsade de pointes (TdP) can occur during donepezil therapy. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest.
Donepezil; Memantine: (Moderate) Use donepezil with caution in combination with loperamide as concurrent use may increase the risk of QT prolongation. Case reports indicate that QT prolongation and torsade de pointes (TdP) can occur during donepezil therapy. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest.
Dordaviprone: (Major) Concomitant use of dordaviprone and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Dronedarone: (Contraindicated) Avoid concomitant use of loperamide and dronedarone due to an increased risk for torsade de pointes (TdP) and QT/QTc prolongation. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and dronedarone is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
droPERidol: (Major) Avoid coadministration of droperidol and loperamide if possible. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Droperidol is also associated with an increased risk of QT prolongation and TdP.

Efavirenz: (Moderate) Concomitant use of loperamide and efavirenz may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Efavirenz; Emtricitabine; Tenofovir Disoproxil Fumarate: (Moderate) Concomitant use of loperamide and efavirenz may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Efavirenz; lamiVUDine; Tenofovir Disoproxil Fumarate: (Moderate) Concomitant use of loperamide and efavirenz may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Elacestrant: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with elacestrant. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and elacestrant is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Elagolix: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with elagolix. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and elagolix is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Elagolix; Estradiol; Norethindrone acetate: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with elagolix. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and elagolix is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Elexacaftor; tezacaftor; ivacaftor: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with ivacaftor. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and ivacaftor is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Eliglustat: (Moderate) Concomitant use of loperamide and eliglustat may increase the

risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and eliglustat is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Elvitegravir; Cobicistat; Emtricitabine; Tenofovir Alafenamide: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with cobicistat. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 and P-gp substrate and cobicistat is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Elvitegravir; Cobicistat; Emtricitabine; Tenofovir Disoproxil Fumarate: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with cobicistat. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 and P-gp substrate and cobicistat is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Emtricitabine; Rilpivirine; Tenofovir alafenamide: (Moderate) Caution is advised when administering rilpivirine with loperamide as concurrent use may increase the risk of QT prolongation. Supratherapeutic doses of rilpivirine (75 to 300 mg/day) have caused QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Emtricitabine; Rilpivirine; Tenofovir Disoproxil Fumarate: (Moderate) Caution is advised when administering rilpivirine with loperamide as concurrent use may increase the risk of QT prolongation. Supratherapeutic doses of rilpivirine (75 to 300 mg/day) have caused QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Enasidenib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with enasidenib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and enasidenib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Encorafenib: (Major) Avoid coadministration of encorafenib and loperamide due to QT

prolongation. If concurrent use cannot be avoided, monitor ECGs for QT prolongation and monitor electrolytes; correct hypokalemia and hypomagnesemia prior to treatment. Encorafenib is associated with dose-dependent prolongation of the QT interval. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Entrectinib: (Major) Avoid coadministration of entrectinib with loperamide due to the risk of QT prolongation. Entrectinib has been associated with QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Erdafitinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with erdafitinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and erdafitinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
eriBULin: (Major) At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Eribulin has also been associated with QT prolongation. If eribulin and loperamide must be coadministered, ECG monitoring is recommended.
Erythromycin: (Major) Concomitant use of loperamide and erythromycin increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and erythromycin is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Escitalopram: (Moderate) Concomitant use of loperamide and escitalopram may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Etrasimod: (Moderate) Concomitant use of etrasimod and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in

patients with additional risk factors for TdP. Etrasimod has a limited effect on the QT/QTc interval at therapeutic doses but may cause bradycardia and atrioventricular conduction delays which may increase the risk for TdP in patients with a prolonged QT/QTc interval.
Etravirine: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with etravirine. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and etravirine is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Fexinidazole: (Major) Concomitant use of fexinidazole and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Fingolimod: (Moderate) Exercise caution when administering fingolimod concomitantly with loperamide as concurrent use may increase the risk of QT prolongation. Fingolimod initiation results in decreased heart rate and may prolong the QT interval. Fingolimod has not been studied in patients treated with drugs that prolong the QT interval, but drugs that prolong the QT interval have been associated with cases of TdP in patients with bradycardia. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Flecainide: (Major) Concomitant use of flecainide and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Flibanserin: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with flibanserin. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and flibanserin is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Fluconazole: (Contraindicated) Avoid concomitant use of loperamide and fluconazole due to an increased risk for torsade de pointes (TdP) and QT/QTc prolongation. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A substrate and fluconazole is a moderate CYP3A inhibitor.
FLUoxetine: (Moderate) Concomitant use of loperamide and fluoxetine may increase the

risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
fluPHENAZine: (Minor) QT/QTc prolongation can occur with concomitant use of loperamide and fluphenazine although the risk of developing torsade de pointes (TdP) is low. Additional steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, may be considered in patients with additional risk factors for TdP.
fluvoxaMINE: (Moderate) There may be an increased risk for QT prolongation and torsade de pointes (TdP) during concurrent use of fluvoxamine and loperamide. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest. Cases of QT prolongation and TdP have been reported during postmarketing use of fluvoxamine.
Fosamprenavir: (Moderate) The plasma concentration of loperamide, a CYP3A4 and P-glycoprotein (P-gp) substrate, may be altered when administered concurrently with fosamprenavir, a potent inhibitor and inducer of CYP3A4 and inducer of P-gp. If these drugs are used together, monitor for both decreased loperamide efficacy and loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest).
Foscarnet: (Major) When possible, avoid concurrent use of foscarnet with other drugs known to prolong the QT interval, such as loperamide. Foscarnet has been associated with postmarketing reports of both QT prolongation and torsade de pointes (TdP). At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest. If these drugs are administered together, obtain an electrocardiogram and electrolyte concentrations before and periodically during treatment.
Fostamatinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with fostamatinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and fostamatinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Fostemsavir: (Moderate) Use loperamide and fostemsavir together with caution due to the potential for QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Supratherapeutic doses of fostemsavir (2,400 mg twice daily, four times the recommended daily dose) have been shown to cause QT prolongation. Fostemsavir causes dose-dependent QT prolongation.
Gemfibrozil: (Moderate) Monitor for loperamide-associated adverse reactions, such as

CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with gemfibrozil. Concurrent use may increase loperamide exposure. Loperamide is a CYP2C8 substrate and gemfibrozil is a strong CYP2C8 inhibitor. Coadministration with another strong CYP2C8 inhibitor increased loperamide exposure by 2.2-fold.
Gemifloxacin: (Moderate) Gemifloxacin should be used cautiously with loperamide as concurrent use may increase the risk of QT prolongation. Gemifloxacin may prolong the QT interval in some patients. The maximal change in QTc interval occurs approximately 5 to 10 hours following oral administration of gemifloxacin. The likelihood of QTc prolongation may increase with increasing dose of the drug; therefore, the recommended dose should not be exceeded especially in patients with renal or hepatic impairment where the Cmax and AUC are slightly higher. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest.
Gemtuzumab Ozogamicin: (Moderate) Use gemtuzumab ozogamicin and loperamide together with caution due to the potential for additive QT interval prolongation and risk of torsade de pointes (TdP). If these agents are used together, obtain an ECG and serum electrolytes prior to the start of gemtuzumab and as needed during treatment. Although QT interval prolongation has not been reported with gemtuzumab, it has been reported with other drugs that contain calicheamicin. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest.
Gepirone: (Moderate) Concomitant use of gepirone and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP. QT prolongation with gepirone has been observed at 2 times the maximum recommended dose.
Gepotidacin: (Major) Concomitant use of gepotidacin and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Gilteritinib: (Moderate) Concomitant use of loperamide and gilteritinib may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and gilteritinib is a P-gp inhibitor. Coadministration with

another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Givinostat: (Major) Concomitant use of givinostat and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. The degree of QT prolongation associated with givinostat is not clinically significant when administered within the recommended dosage range; QT prolongation has been described at 5 times the maximum recommended dose.
Glasdegib: (Major) Avoid coadministration of glasdegib with loperamide due to the potential for additive QT prolongation. If coadministration cannot be avoided, monitor patients for increased risk of QT prolongation with increased frequency of ECG monitoring. Glasdegib therapy may result in QT prolongation and ventricular arrhythmias including ventricular fibrillation and ventricular tachycardia. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Glecaprevir; Pibrentasvir: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with glecaprevir. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and glecaprevir is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold. (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with pibrentasvir. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and pibrentasvir is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Goserelin: (Moderate) Consider whether the benefits of androgen deprivation therapy (i.e., goserelin) outweigh the potential risks of QT prolongation in patients receiving loperamide. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Androgen deprivation therapy may also prolong the QT/QTc interval.
Granisetron: (Moderate) Use granisetron with caution in combination with loperamide due to the risk of QT prolongation. Granisetron has been associated with QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Grapefruit juice: (Major) Advise patients to avoid grapefruit and grapefruit juice during

loperamide treatment due to the risk of increased loperamide exposure and adverse reactions. Loperamide is a CYP3A and P-gp substrate and grapefruit juice is a strong CYP3A and P-gp inhibitor.
Halogenated Anesthetics: (Major) At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Drugs with a possible risk for QT prolongation and TdP, like halogenated anesthetics, should be used cautiously and with close monitoring with loperamide.
Haloperidol: (Moderate) Concomitant use of loperamide and haloperidol may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Histrelin: (Moderate) Consider whether the benefits of androgen deprivation therapy (i.e., histrelin) outweigh the potential risks of QT prolongation in patients receiving loperamide. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Androgen deprivation therapy may also prolong the QT/QTc interval.
Hydroxychloroquine: (Major) Concomitant use of hydroxychloroquine and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
hydrOXYzine: (Moderate) Concomitant use of hydroxyzine and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Ibrutinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with ibrutinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and ibrutinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Ibutilide: (Major) At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Drugs with a possible risk for QT prolongation and TdP, like ibutilide, should be used cautiously and with close monitoring with loperamide.

Idelalisib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with idelalisib. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 substrate and idelalisib is a strong CYP3A4 inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Iloperidone: (Major) Loperamide should be avoided in combination with iloperidone. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Iloperidone has been associated with QT prolongation. According to the manufacturer, since iloperidone may prolong the QT interval, it should be avoided in combination with other agents also known to have this effect. If these drugs are used together, monitor for cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, TdP, cardiac arrest) and other loperamide-associated adverse reactions, such as CNS effects.
Imlunestrant: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with imlunestrant. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and imlunestrant is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Inotuzumab Ozogamicin: (Major) Avoid coadministration of inotuzumab ozogamicin with loperamide due to the potential for additive QT prolongation and risk of torsade de pointes (TdP). If coadministration is unavoidable, obtain an ECG and serum electrolytes prior to the start of treatment, after treatment initiation, and periodically during treatment. Inotuzumab has been associated with QT interval prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Isavuconazonium: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with isavuconazonium. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and isavuconazonium is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Isoflurane: (Major) At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Drugs with a possible risk for QT prolongation and TdP, like halogenated anesthetics, should be used cautiously and with close monitoring with loperamide.

Istradefylline: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with istradefylline. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and istradefylline is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Itraconazole: (Contraindicated) Avoid concomitant use of loperamide and itraconazole due to an increased risk for torsade de pointes (TdP) and QT/QTc prolongation. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A and P-gp substrate and itraconazole is a strong CYP3A and P-gp inhibitor. Coadministration with itraconazole increased loperamide exposure by 3.8-fold.
Ivacaftor: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with ivacaftor. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and ivacaftor is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Ivosidenib: (Major) Avoid coadministration of ivosidenib with loperamide due to an increased risk of QT prolongation. If concomitant use is unavoidable, monitor ECGs for QTc prolongation and monitor electrolytes; correct any electrolyte abnormalities as clinically appropriate. An interruption of therapy and dose reduction of ivosidenib may be necessary if QT prolongation occurs. Prolongation of the QTc interval and ventricular arrhythmias have been reported in patients treated with ivosidenib. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Ketoconazole: (Contraindicated) Concomitant use of loperamide and ketoconazole is contraindicated due to an increased risk for torsade de pointes (TdP) and QT/QTc prolongation. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A and P-gp substrate and ketoconazole is a strong CYP3A and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Lansoprazole; Amoxicillin; Clarithromycin: (Major) Concomitant use of loperamide and clarithromycin increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A4 and P-gp substrate and clarithromycin is a strong CYP3A4 and P-gp inhibitor. Coadministration

with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Lapatinib: (Moderate) Concomitant use of loperamide and lapatinib may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and lapatinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Lasmiditan: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with lasmiditan. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and lasmiditan is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Ledipasvir; Sofosbuvir: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with ledipasvir. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and ledipasvir is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Lefamulin: (Major) Avoid coadministration of lefamulin with loperamide as concurrent use may increase the risk of QT prolongation. If coadministration cannot be avoided, monitor ECG during treatment. Lefamulin has a concentration dependent QTc prolongation effect. The pharmacodynamic interaction potential to prolong the QT interval of the electrocardiogram between lefamulin and other drugs that effect cardiac conduction is unknown. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Lenacapavir: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with lenacapavir. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and lenacapavir is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Lenvatinib: (Major) Avoid coadministration of lenvatinib with loperamide due to the risk of QT prolongation. Prolongation of the QT interval has been reported with lenvatinib therapy. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP),

and cardiac arrest.
Leuprolide: (Moderate) Consider whether the benefits of androgen deprivation therapy (i.e., leuprolide) outweigh the potential risks of QT prolongation in patients receiving loperamide. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Androgen deprivation therapy may also prolong the QT/QTc interval.
Leuprolide; Norethindrone: (Moderate) Consider whether the benefits of androgen deprivation therapy (i.e., leuprolide) outweigh the potential risks of QT prolongation in patients receiving loperamide. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Androgen deprivation therapy may also prolong the QT/QTc interval.
Levacetylleucine: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with levacetylleucine. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and levacetylleucine is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
levoFLOXacin: (Moderate) Concomitant use of levofloxacin and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Levoketoconazole: (Contraindicated) Concomitant use of loperamide and ketoconazole is contraindicated due to an increased risk for torsade de pointes (TdP) and QT/QTc prolongation. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A and P-gp substrate and ketoconazole is a strong CYP3A and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Lithium: (Moderate) Loperamide should be used cautiously and with close monitoring with lithium. Lithium has been associated with QT prolongation and high doses of loperamide have been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Coadministration may further increase the risk of QT prolongation and TdP.
Lofexidine: (Moderate) Monitor ECG if lofexidine is coadministered with loperamide due to the potential for additive QT prolongation and torsade de pointes (TdP). Lofexidine prolongs the QT interval. In addition, there are postmarketing reports of TdP. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest.

Lomitapide: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with lomitapide. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and lomitapide is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Lonafarnib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with lonafarnib. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 and P-gp substrate and lonafarnib is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Lopinavir; Ritonavir: (Major) Avoid coadministration of lopinavir with loperamide due to the potential for additive QT prolongation. If use together is necessary, obtain a baseline ECG to assess initial QT interval and determine frequency of subsequent ECG monitoring, avoid any non-essential QT prolonging drugs, and correct electrolyte imbalances. Lopinavir is associated with QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with ritonavir. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 and P-gp substrate and ritonavir is a strong CYP3A4 and P-gp inhibitor. Coadministration with ritonavir increased loperamide plasma concentrations by 2- to 3-fold.
Lumacaftor; Ivacaftor: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with ivacaftor. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and ivacaftor is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Macimorelin: (Major) Avoid concurrent administration of macimorelin with drugs that prolong the QT interval, such as loperamide. Use of these drugs together may increase the risk of developing torsade de pointes-type ventricular tachycardia. Sufficient washout time of drugs that are known to prolong the QT interval prior to administration of macimorelin is recommended. Treatment with macimorelin has been associated with an increase in the corrected QT (QTc) interval. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Maprotiline: (Moderate) Concomitant use of loperamide and maprotiline may increase

the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Maribavir: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with maribavir. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and maribavir is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Mavorixafor: (Moderate) Concomitant use of mavorixafor and loperamide may increase loperamide exposure and the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Monitor for increased loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest) and consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP. Loperamide is a P-gp substrate, mavorixafor is a P-gp inhibitor, and both medications have been associated with QT/QTc prolongation. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold. The degree of QT prolongation associated with mavorixafor is not clinically significant when administered within the recommended dosage range; QT prolongation has been described at 2 times the maximum recommended dose.
Mefloquine: (Moderate) Concomitant use of loperamide and mefloquine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and mefloquine is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Methadone: (Major) Concomitant use of loperamide and methadone increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
metroNIDAZOLE: (Moderate) Concomitant use of metronidazole and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in

patients with additional risk factors for TdP.
Midostaurin: (Major) The concomitant use of midostaurin and loperamide may lead to additive QT interval prolongation. If these drugs are used together, consider electrocardiogram monitoring. In clinical trials, QT prolongation has been reported in patients who received midostaurin as single-agent therapy or in combination with cytarabine and daunorubicin. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes, and cardiac arrest.
miFEPRIStone: (Moderate) Concomitant use of loperamide and mifepristone increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A4 and P-gp substrate and mifepristone is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Mirtazapine: (Moderate) Concomitant use of loperamide and mirtazapine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Mitapivat: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with mitapivat. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and mitapivat is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Mobocertinib: (Major) Concomitant use of mobocertinib and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Moxifloxacin: (Major) Concomitant use of loperamide and moxifloxacin increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Nefazodone: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation,

torsade de pointes, cardiac arrest), if coadministered with nefazodone. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 substrate and nefazodone is a strong CYP3A4 inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Nelfinavir: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with nelfinavir. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 and P-gp substrate and nelfinavir is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Neratinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with neratinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and neratinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Nilotinib: (Major) Loperamide should be avoided in combination with nilotinib. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Nilotinib also prolongs the QT interval and the manufacturer advises against use with other drugs that prolong the QT interval. If concurrent administration is unavoidable, the manufacturer of nilotinib recommends interruption of nilotinib treatment. If nilotinib must be continued, closely monitor the patient for QT interval prolongation.
Nirmatrelvir; Ritonavir: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with ritonavir. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 and P-gp substrate and ritonavir is a strong CYP3A4 and P-gp inhibitor. Coadministration with ritonavir increased loperamide plasma concentrations by 2- to 3-fold.
Ofloxacin: (Moderate) Concomitant use of ofloxacin and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
OLANZapine: (Moderate) Concomitant use of loperamide and olanzapine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.

OLANZapine; FLUoxetine: (Moderate) Concomitant use of loperamide and fluoxetine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP. (Moderate) Concomitant use of loperamide and olanzapine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
OLANZapine; Samidorphan: (Moderate) Concomitant use of loperamide and olanzapine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Ondansetron: (Major) Concomitant use of ondansetron and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Osilodrostat: (Moderate) Monitor ECGs in patients receiving osilodrostat with loperamide. Osilodrostat is associated with dose-dependent QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes, and cardiac arrest.
Osimertinib: (Major) Concomitant use of loperamide and osimertinib increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and osimertinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Oxaliplatin: (Major) Monitor electrolytes and ECGs for QT prolongation if coadministration of loperamide with oxaliplatin is necessary; correct electrolyte abnormalities prior to administration of oxaliplatin. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. QT prolongation and ventricular arrhythmias including fatal TdP have also been reported with oxaliplatin use in postmarketing experience.

Ozanimod: (Major) In general, do not initiate ozanimod in patients taking loperamide due to the risk of additive bradycardia, QT prolongation, and torsade de pointes (TdP). If treatment initiation is considered, seek advice from a cardiologist. Ozanimod initiation may result in a transient decrease in heart rate and atrioventricular conduction delays. Ozanimod has not been studied in patients taking concurrent QT prolonging drugs; however, QT prolonging drugs have been associated with TdP in patients with bradycardia. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest.
Pacritinib: (Major) Concomitant use of loperamide and pacritinib increases the risk of QT/QTc prolongation and torsade de pointes (TdP) and may increase loperamide exposure and the risk for other adverse effects. Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Loperamide is a P-gp substrate, pacritinib is a P-gp inhibitor, and both medications have been associated with QT/QTc prolongation. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Paliperidone: (Major) Loperamide should be avoided in combination with paliperidone. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Paliperidone has been associated with QT prolongation; TdP and ventricular fibrillation have been reported in the setting of overdose. According to the manufacturer of paliperidone, the drug should be avoided in combination with other agents also known to cause QT prolongation. If coadministration is necessary and the patient has known risk factors for cardiac disease or arrhythmias, close monitoring is essential.
Panobinostat: (Major) Concomitant use of loperamide and panobinostat increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Pasireotide: (Moderate) Use caution when using pasireotide in combination with loperamide as concurrent use may increase the risk of QT prolongation. QT prolongation has occurred with pasireotide at therapeutic and supra-therapeutic doses. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
PAZOPanib: (Major) Concomitant use of loperamide and pazopanib increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to

minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Pentamidine: (Major) Concomitant use of loperamide and pentamidine increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Perphenazine: (Minor) QT/QTc prolongation can occur with concomitant use of loperamide and perphenazine although the risk of developing torsade de pointes (TdP) is low. Additional steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, may be considered in patients with additional risk factors for TdP.
Perphenazine; Amitriptyline: (Minor) QT/QTc prolongation can occur with concomitant use of loperamide and perphenazine although the risk of developing torsade de pointes (TdP) is low. Additional steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, may be considered in patients with additional risk factors for TdP.
Pimavanserin: (Major) Pimavanserin should be avoided in combination with loperamide. Pimavanserin may cause QT prolongation; high doses of loperamide have been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Coadministration may further increase the risk of QT prolongation and TdP.
Pimozide: (Contraindicated) Pimozide is associated with a well-established risk of QT prolongation and torsade de pointes (TdP). Because high doses of loperamide have been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest, coadministration is contraindicated.
Pirtobrutinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with pirtobrutinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and pirtobrutinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Pitolisant: (Major) Avoid coadministration of pitolisant with loperamide as concurrent use may increase the risk of QT prolongation. Pitolisant prolongs the QT interval. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Ponesimod: (Major) In general, do not initiate ponesimod in patients taking loperamide due to the risk of additive bradycardia, QT prolongation, and torsade de pointes (TdP). If

treatment initiation is considered, seek advice from a cardiologist. Ponesimod initiation may result in a transient decrease in heart rate and atrioventricular conduction delays. Ponesimod has not been studied in patients taking concurrent QT prolonging drugs; however, QT prolonging drugs have been associated with TdP in patients with bradycardia. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest.
Posaconazole: (Contraindicated) Avoid concomitant use of loperamide and posaconazole due to an increased risk for torsade de pointes (TdP) and QT/QTc prolongation. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A4 and P-gp substrate and posaconazole is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Pramlintide: (Major) Pramlintide slows gastric emptying and the rate of nutrient delivery to the small intestine. Medications with the potential to slow GI motility such as loperamide, should be used with caution, if at all, with pramlintide until more data are available from the manufacturer. Monitor blood glucose.
Pretomanid: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with pretomanid. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and pretomanid is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Primaquine: (Moderate) Exercise caution when administering primaquine in combination with loperamide as concurrent use may increase the risk of QT prolongation. Primaquine is associated with QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Procainamide: (Major) Concomitant use of loperamide and procainamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Prochlorperazine: (Minor) QT/QTc prolongation can occur with concomitant use of loperamide and prochlorperazine although the risk of developing torsade de pointes (TdP) is low. Additional steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, may be considered in patients with additional risk factors for TdP.
Promethazine: (Moderate) Concomitant use of loperamide and promethazine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients.

Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Promethazine; Dextromethorphan: (Moderate) Concomitant use of loperamide and promethazine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Promethazine; Phenylephrine: (Moderate) Concomitant use of loperamide and promethazine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Propafenone: (Major) Concomitant use of loperamide and propafenone increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and propafenone is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
QUEtiapine: (Major) Concomitant use of loperamide and quetiapine increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
quiNIDine: (Major) Concomitant use of loperamide and quinidine increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and quinidine is a P-gp inhibitor. Coadministration with quinidine increased loperamide plasma concentrations by 2- to 3-fold.
quiNINE: (Major) Concomitant use of loperamide and quinine increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte

monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and quinine is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Quizartinib: (Major) Concomitant use of quizartinib and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Ranolazine: (Moderate) Concomitant use of loperamide and ranolazine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and ranolazine is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Relugolix: (Moderate) Consider whether the benefits of androgen deprivation therapy outweigh the potential risks in patients receiving other QT prolonging agents. Androgen deprivation therapy (i.e., relugolix) may prolong the QT/QTc interval. At high doses, loperamide has also been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Relugolix; Estradiol; Norethindrone acetate: (Moderate) Consider whether the benefits of androgen deprivation therapy outweigh the potential risks in patients receiving other QT prolonging agents. Androgen deprivation therapy (i.e., relugolix) may prolong the QT/QTc interval. At high doses, loperamide has also been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Remibrutinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with remibrutinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and remibrutinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Revumenib: (Major) Concomitant use of revumenib and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.

Ribociclib: (Major) Concomitant use of loperamide and ribociclib increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A4 substrate and ribociclib is a strong CYP3A4 inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Ribociclib; Letrozole: (Major) Concomitant use of loperamide and ribociclib increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A4 substrate and ribociclib is a strong CYP3A4 inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Rilpivirine: (Moderate) Caution is advised when administering rilpivirine with loperamide as concurrent use may increase the risk of QT prolongation. Supratherapeutic doses of rilpivirine (75 to 300 mg/day) have caused QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Rilzabrutinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with rilzabrutinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and rilzabrutinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
risperiDONE: (Moderate) Use risperidone and loperamide together with caution due to the potential for additive QT prolongation and risk of torsade de pointes (TdP). Risperidone has been associated with a possible risk for QT prolongation and/or TdP, primarily in the overdose setting. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest.
Ritonavir: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with ritonavir. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 and P-gp substrate and ritonavir is a strong CYP3A4 and P-gp inhibitor. Coadministration with ritonavir increased

loperamide plasma concentrations by 2- to 3-fold.
Rolapitant: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with rolapitant. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and rolapitant is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
romiDEPsin: (Moderate) Consider monitoring electrolytes and ECGs at baseline and periodically during treatment if romidepsin is administered with loperamide as concurrent use may increase the risk of QT prolongation. Romidepsin has been reported to prolong the QT interval. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Saquinavir: (Major) Concomitant use of loperamide and saquinavir increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A4 and P-gp substrate and saquinavir is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Sarecycline: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with sarecycline. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and sarecycline is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Selpercatinib: (Major) Concomitant use of loperamide and selpercatinib increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary, and monitor for other loperamide-associated adverse reactions, such as CNS effects. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and selpercatinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Sertraline: (Moderate) Concomitant use of loperamide and sertraline may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as

avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP. The degree of QT prolongation associated with sertraline is not clinically significant when administered within the recommended dosage range; QT prolongation has been described at 2 times the maximum recommended dose.
Sevabertinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with sevabertinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and sevabertinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Sevoflurane: (Major) At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Drugs with a possible risk for QT prolongation and TdP, like halogenated anesthetics, should be used cautiously and with close monitoring with loperamide.
Siponimod: (Moderate) In general, do not initiate treatment with siponimod in patients receiving loperamide due to the potential for QT prolongation. Consult a cardiologist regarding appropriate monitoring if siponimod use is required. Siponimod therapy prolonged the QT interval at recommended doses in a clinical study. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes, and cardiac arrest.
Sodium Phenylbutyrate; Taurursodiol: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with taurursodiol. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and taurursodiol is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Sofosbuvir; Velpatasvir: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with velpatasvir. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and velpatasvir is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Sofosbuvir; Velpatasvir; Voxilaprevir: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with velpatasvir. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and velpatasvir is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold. (Moderate)

Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with voxilaprevir. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and voxilaprevir is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Solifenacin: (Moderate) Loperamide should be used cautiously and with close monitoring with solifenacin. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Solifenacin has been associated with dose-dependent prolongation of the QT interval. TdP has been reported with post-marketing use, although causality was not determined. This should be taken into consideration when prescribing solifenacin to patients taking other drugs that are associated with QT prolongation.
SORAfenib: (Major) Concomitant use of loperamide and sorafenib increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and sorafenib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Sotalol: (Major) Concomitant use of sotalol and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Sotorasib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with sotorasib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and sotorasib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Sparsentan: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with sparsentan. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and sparsentan is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.

Stiripentol: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with stiripentol. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and stiripentol is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
SUNItinib: (Moderate) Monitor for evidence of QT prolongation if sunitinib is administered with loperamide. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Sunitinib can prolong the QT interval.
Tacrolimus: (Moderate) Consider ECG and electrolyte monitoring periodically during treatment if tacrolimus is administered with loperamide. Tacrolimus may prolong the QT interval and cause torsade de pointes (TdP). At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest.
Taletrectinib: (Major) Concomitant use of taletrectinib and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Tamoxifen: (Moderate) Concomitant use of tamoxifen and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Telavancin: (Moderate) Due to increased risk of QT interval prolongation and torsade de pointes (TdP), use caution if telavancin is administered with loperamide. Telavancin has been associated with QT prolongation. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, TdP, and cardiac arrest.
Temsirolimus: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with temsirolimus. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and temsirolimus is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Tepotinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with tepotinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and tepotinib is a P-gp

inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Tetrabenazine: (Major) At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Tetrabenazine also has been associated with an increase in QT interval. The manufacturer of tetrabenazine recommends avoiding concurrent use of tetrabenazine with other drugs known to prolong the QTc interval.
Tezacaftor; Ivacaftor: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with ivacaftor. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and ivacaftor is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Thioridazine: (Contraindicated) Avoid concomitant use of loperamide and thioridazine due to an increased risk for torsade de pointes (TdP) and QT/QTc prolongation.
Tipranavir: (Moderate) Concurrent administration of tipranavir (in the FDA approved dosage regimen) with loperamide results in decreased loperamide concentrations (30% reduction in AUC) and decreased tipranavir Cmin (26% reduction). The clinical significance of this interaction has not been established, and no recommendations for dosage adjustments are available.
Tolterodine: (Moderate) Loperamide should be used cautiously and with close monitoring with tolterodine. Tolterodine has been associated with dose-dependent prolongation of the QT interval, especially in poor CYP2D6 metabolizers. High doses of loperamide have been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Coadministration may further increase the risk of QT prolongation and TdP.
Toremifene: (Major) Avoid coadministration of loperamide with toremifene if possible due to the risk of additive QT prolongation. If concomitant use is unavoidable, closely monitor ECGs for QT prolongation and monitor electrolytes; correct hypokalemia or hypomagnesemia prior to administration of toremifene. Toremifene has been shown to prolong the QTc interval in a dose- and concentration-related manner. At high doses, loperamide has also been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest.
Trandolapril; Verapamil: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with verapamil. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and verapamil is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
traZODone: (Major) Concomitant use of trazodone and loperamide increases the risk of

QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Triclabendazole: (Moderate) Concomitant use of triclabendazole and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Trifluoperazine: (Minor) QT/QTc prolongation can occur with concomitant use of loperamide and trifluoperazine although the risk of developing torsade de pointes (TdP) is low. Additional steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, may be considered in patients with additional risk factors for TdP.
Triptorelin: (Moderate) Consider whether the benefits of androgen deprivation therapy (i.e., triptorelin) outweigh the potential risks of QT prolongation in patients receiving loperamide. At high doses, loperamide has been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac arrest. Androgen deprivation therapy may also prolong the QT/QTc interval.
Trofinetide: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with trofinetide. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and trofinetide is a P-gp inhibitor. Coadministration increased loperamide overall exposure by 1.73-fold.
Tucatinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with tucatinib. Concurrent use may increase loperamide exposure. Loperamide is a CYP3A4 and P-gp substrate and tucatinib is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Vandetanib: (Major) Avoid coadministration of vandetanib with loperamide due to an increased risk of QT prolongation and torsade de pointes (TdP). If concomitant use is unavoidable, monitor ECGs for QT prolongation and monitor electrolytes; correct hypocalcemia, hypomagnesemia, and/or hypomagnesemia prior to vandetanib administration. An interruption of vandetanib therapy or dose reduction may be necessary for QT prolongation. Vandetanib can prolong the QT interval in a concentration-dependent manner; TdP and sudden death have been reported in patients receiving vandetanib. At high doses, loperamide has also been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation,

torsade de pointes (TdP), and cardiac arrest.
Vanzacaftor; Tezacaftor; Deutivacaftor: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with vanzacaftor; tezacaftor; deutivacaftor. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and vanzacaftor; tezacaftor; deutivacaftor is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Vanzacaftor; Tezacaftor; Deutivacaftor: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with vanzacaftor; tezacaftor; deutivacaftor. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and vanzacaftor; tezacaftor; deutivacaftor is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Vardenafil: (Moderate) Concomitant use of vardenafil and loperamide may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.
Vemurafenib: (Major) Concomitant use of loperamide and vemurafenib increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and vemurafenib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Venetoclax: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with venetoclax. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and venetoclax is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Venlafaxine: (Moderate) Concomitant use of loperamide and venlafaxine may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP.

Verapamil: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with verapamil. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and verapamil is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Vimseltinib: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with vimseltinib. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and vimseltinib is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Voclosporin: (Moderate) Concomitant use of loperamide and voclosporin may increase the risk of QT/QTc prolongation and torsade de pointes (TdP) in some patients. Consider taking steps to minimize the risk of QT/QTc interval prolongation and TdP, such as avoidance, electrolyte monitoring and repletion, and ECG monitoring, especially in patients with additional risk factors for TdP. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a P-gp substrate and voclosporin is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Vonoprazan; Amoxicillin; Clarithromycin: (Major) Concomitant use of loperamide and clarithromycin increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A4 and P-gp substrate and clarithromycin is a strong CYP3A4 and P-gp inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Voriconazole: (Contraindicated) Avoid concomitant use of loperamide and voriconazole due to an increased risk for torsade de pointes (TdP) and QT/QTc prolongation. Concomitant use may also increase loperamide exposure and the risk for other loperamide-related adverse effects; loperamide is a CYP3A substrate and voriconazole is a strong CYP3A inhibitor. Coadministration with another strong CYP3A4 and P-gp inhibitor increased loperamide exposure by 3.8-fold.
Vorinostat: (Moderate) Loperamide should be used cautiously and with close monitoring with vorinostat. Vorinostat therapy is associated with a risk of QT prolongation and high doses of loperamide have been associated with serious cardiac toxicities, including syncope, ventricular tachycardia, QT prolongation, torsade de pointes (TdP), and cardiac

arrest. Coadministration may further increase the risk for QT prolongation and TdP.
Xanomeline; Trospium: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with xanomeline. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and xanomeline is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.
Ziftomenib: (Major) Concomitant use of ziftomenib and loperamide increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Ziprasidone: (Major) Concomitant use of loperamide and ziprasidone increases the risk of QT/QTc prolongation and torsade de pointes (TdP). Avoid concomitant use if possible, especially in patients with additional risk factors for TdP. Consider taking steps to minimize the risk for QT/QTc interval prolongation and TdP, such as electrolyte monitoring and repletion and ECG monitoring, if concomitant use is necessary.
Zonisamide: (Moderate) Monitor for loperamide-associated adverse reactions, such as CNS effects and cardiac toxicities (i.e., syncope, ventricular tachycardia, QT prolongation, torsade de pointes, cardiac arrest), if coadministered with zonisamide. Concurrent use may increase loperamide exposure. Loperamide is a P-gp substrate and zonisamide is a P-gp inhibitor. Coadministration with another P-gp inhibitor increased loperamide plasma concentrations by 2- to 3-fold.

Adverse Reaction

abdominal pain, constipation, dyspepsia, flatulence, nausea, vomiting, xerostomia

Loperamide is generally well tolerated when used at recommended doses, and adverse reactions are usually self-limiting. It is sometimes difficult to distinguish between possible adverse effects of the drug and the problems associated with the diarrheal syndrome; however, the following have been reported during loperamide treatment: epigastric or abdominal pain, abdominal distension, constipation, dyspepsia, flatulence, xerostomia, and nausea/vomiting. In clinical studies with loperamide, the following GI events were reported: constipation (1.6% to 5.3%), nausea (0.7% to 3.2%), and abdominal cramps (0.5% to 3%).

ileus, toxic megacolon

Paralytic ileus occurs rarely with loperamide. Most incidents of ileus have occurred in cases of overdose, acute dysentery, or in pediatric patients under the age of 2 years. Patients with AIDS treated with loperamide should have therapy stopped at the earliest signs of abdominal distention. There have been isolated reports of toxic megacolon in AIDS patients with infectious colitis from both viral and bacterial pathogens.

dizziness, drowsiness, fatigue, headache

As a substrate with limited ability to cross the blood-brain barrier, loperamide generally only possesses peripheral activity and CNS-related reactions are relatively infrequent except in the occurrence of high doses (drug interactions, overdose, abuse or misuse). However, the following CNS-related events have been reported during loperamide treatment: drowsiness, dizziness, fatigue, and headache. A number of the adverse events reported during the clinical investigations and postmarketing experience with loperamide are frequent symptoms of the underlying diarrheal syndrome (e.g., tiredness, drowsiness, dizziness) and are often difficult to distinguish from undesirable drug effects.

anaphylactic shock, anaphylactoid reactions, angioedema, bullous rash, erythema multiforme, pruritus, Stevens-Johnson syndrome, toxic epidermal necrolysis, urticaria

Pruritus, urticaria, and angioedema, and rare allergic events, including anaphylactoid reactions and anaphylactic shock, bullous rash, toxic epidermal necrolysis, Stevens-Johnson syndrome, and erythema multiforme have been reported with loperamide use.

cardiac arrest, QT prolongation, respiratory depression, syncope, torsade de pointes, ventricular tachycardia

Advise patients not to exceed prescribed or nonprescription dosing recommendations for loperamide, due to the potential for serious cardiac events, including a risk for sudden death. Cases of QT prolongation, torsade de pointes (TdP), ventricular tachycardia and other ventricular arrhythmias, cardiac arrest, and sudden death have been reported in adults with use of higher than recommended daily doses of loperamide. Cases include patients who were intentionally abusing or misusing high doses of loperamide. Cases of syncope and ventricular tachycardia have been reported in adults receiving the recommended loperamide dosage; some of these patients were taking other drugs or had other risk factors that may have increased their risk of cardiac adverse reactions. Additionally, postmarketing cases of cardiac arrest, syncope, and respiratory depression have been reported in pediatric patients less than 2 years of age. According to the FDA Adverse Event Reporting System (FAERS) database, of the cardiac

event cases that reported loperamide doses, the mean dose was 195 mg daily (range: 1 to 1,600 mg per day), which is 100-times the recommended prescription dose. In the other cases, locording peramide was administered within the recommended dosing range; however, interactions with concurrently used medications resulted in elevated loperamide serum concentrations.

urinary retention

Urinary retention has been reported with loperamide.

Description

Loperamide is an oral antidiarrheal agent that is chemically related to opioids. It is indicated for the control and relief of acute, nonspecific diarrhea as well as chronic diarrhea associated with inflammatory bowel disease. Loperamide is also indicated for reducing the volume of discharge from ileostomies. While the drug is still available for prescription use, loperamide is also widely used nonprescription. Guidelines recommend loperamide as an option for the management of irritable bowel syndrome with diarrhea (IBS-D); however, it is not recommended as first-line therapy for treating IBS-D symptoms because it may improve diarrhea but not improve global IBS symptoms. Efficacy in the treatment of diarrhea is comparable to that of diphenoxylate, and tolerance to the antidiarrheal effect has not been observed. Although loperamide is chemically related to opioids, the drug does not exhibit analgesic or opiate like effects, nor does it appear to produce physical dependence. However, intentional misuse or abuse of high loperamide doses has been observed in patients attempting to self-treat opioid withdrawal or achieve a euphoric feeling. These intentional high doses, along with elevated loperamide concentrations resulting from drug interactions, have been associated with serious cardiac events, including hospitalization, torsade de pointes, and sudden cardiac death. Due to the severity of these adverse events, the FDA has limited the number of doses available in nonprescription packaging and issued a boxed warning regarding the need to follow recommended dosages to avoid serious cardiac events. The drug is contraindicated in pediatric patients less than 2 years of age. Patients should be counseled not to exceed recommended daily doses.

Mechanism Of Action

Loperamide interferes with peristalsis by a direct action on the circular and longitudinal muscles of the intestinal wall to slow motility. Loperamide also may directly inhibit fluid and electrolyte secretion and/or increase water absorption. By increasing the transit time of the intestinal contents, loperamide reduces fecal volume, increases the bulk density and the viscosity of the feces, and decreases the loss of electrolytes and fluids

from the body. Although loperamide is chemically related to opioids, it does not exhibit analgesic or opiate-like effects, even at high doses. Tolerance to the antidiarrheal effect of loperamide has not been observed, and it does not appear to produce physical dependence.

Pharmacokinetics

Loperamide is administered orally. Once in systemic circulation, the drug is 97% plasma protein bound. When administered at the manufacturer recommended dose, the half-life is approximately 10.8 hours and the duration of action is up to 24 hours. However, when doses of 16 mg or higher are administered, the half-life has been found to be long as 41 hours. Approximately 30% of a dose is eliminated via the feces as unchanged drug, with less than 2% excreted in the urine.

Affected cytochrome P450 isoenzymes and drug transporters: CYP3A4, CYP2C8, CYP2B6, CYP2D6, P-gp
In vitro studies indicate that loperamide is mainly metabolized by CYP3A4 and CYP2C8 isoenzymes. In addition, CYP2B6 and CYP2D6 play a minor role in metabolism. It is also a substrate for P-glycoprotein (P-gp) transport.

Route-Specific Pharmacokinetics

- **Oral Route**

Following oral administration, loperamide is 40% absorbed from the GI tract. Peak plasma concentrations occur within 2.5 hours after administration of oral solution and within 5 hours after administration of the capsule.

Administration

For storage information, see the specific product information within the How Supplied section.

Oral Administration

Administer orally with clear fluids.
Patients should receive appropriate fluid and electrolyte replacement as needed.

Maximum Dosage Limits

- **Adults**

8 mg/day PO for nonprescription use; 16 mg/day PO for prescription products; dosage may be titrated but should not exceed maximum recommendations per indication.

- **Geriatric**
  8 mg/day PO for nonprescription use; 16 mg/day PO for prescription products; dosage may be titrated but should not exceed maximum recommendations per indication.
- **Adolescents**
  8 mg/day PO for nonprescription use; 16 mg/day PO for prescription products; dosage may be titrated but should not exceed maximum recommendations per indication.
- **Children**
  12 years: 8 mg/day PO for nonprescription use; 16 mg/day PO for prescription products; dosage may be titrated but should not exceed maximum recommendations per indication.
  9 to 11 years: 6 mg/day PO.
  6 to 8 years: 4 mg/day PO.
  2 to 5 years: 3 mg/day PO.
  Less than 2 years: Contraindicated.
- **Infants**
  Contraindicated.
- **Neonates**
  Contraindicated.

Dosage Forms

- Anti-Diarrheal 2mg Caplet
- Anti-Diarrheal 2mg Caplet
- Anti-Diarrheal 2mg Caplet
- Anti-Diarrheal 2mg Caplet
- CVS Anti-Diarrheal 1mg/5ml Solution (Cherry Mint)
- CVS Anti-Diarrheal 2mg Caplet
- CVS Anti-Diarrheal 2mg Softgel
- CVS Loperamide Hydrochloride 1mg/7.5mL Suspension (Mint)
- Equaline Anti-Diarrheal 2mg Caplet
- Equaline anti-diarrheal/anti-gas 2mg-125mg Caplet
- Equate Anti-Diarrheal 2mg Caplet
- Equate Anti-Diarrheal 2mg Softgel
- Equate Anti-Diarrheal 2mg Softgel

- Equate Loperamide Hydrochloride 1mg/7.5mL Suspension (Mint)
- Foster & Thrive Anti-Diarrheal 2mg Caplet
- Foster & Thrive Anti-Diarrheal 2mg Softgel
- GNP Anti-Diarrheal 2mg Caplet
- GNP Anti-Diarrheal 2mg Caplet
- GNP Anti-Diarrheal 2mg Softgel
- GNP Anti-Diarrheal 2mg Tablet
- GNP Anti-Diarrheal/Anti-gas 2mg-125mg Caplet
- GNP Anti-Diarrheal/Anti-gas 2mg-125mg Caplet
- GNP Loperamide Hydrochloride 1mg/7.5mL Solution (Mint)
- GNP Loperamide Hydrochloride 1mg/7.5mL Suspension (Mint)
- GoodSense Anti-Diarrheal 1mg/7.5mL Solution (Mint)
- GoodSense Anti-Diarrheal 2mg Caplet
- GoodSense Anti-Diarrheal/Anti-gas 2mg-125mg Caplet
- HEB Anti-Diarrheal 2mg Caplet
- Imodium A-D 1mg/7.5ml Suspension
- Imodium A-D 2mg Caplet
- Imodium A-D 2mg Softgel
- Imodium Multi-Symptom Relief 2mg-125mg Caplet
- Leader Anti-Diarrheal 1mg/7.5mL Solution (Mint)
- Leader Anti-Diarrheal 2mg Caplet
- Leader Loperamide Hydrochloride 1mg/7.5mL Suspension (Mint)
- Loperamide Hydrochloride 1mg/7.5mL Oral solution
- Loperamide Hydrochloride 1mg/7.5mL Oral suspension
- Loperamide Hydrochloride 1mg/7.5mL Solution (Mint)
- Loperamide Hydrochloride 2mg Oral capsule
- Loperamide Hydrochloride 2mg Oral tablet
- Loperamide Hydrochloride 2mg, Simethicone 125mg Oral tablet
- Loperamide Hydrochloride Bulk powder
- Medique Diamode 2mg Caplet
- Premier Value Anti-Diarrheal 2mg Caplet
- Premier Value Anti-Diarrheal 2mg Caplet
- Publix Anti-Diarrheal 2mg Caplet
- Quality Choice Anti-Diarrheal 2mg Caplet
- Quality Choice Anti-Diarrheal 2mg Softgel
- RITE AID Anti-Diarrheal 1mg/5ml Solution (Cherry Mint)
- RITE AID Anti-Diarrheal 2mg Caplet
- RITE AID Anti-Diarrheal 2mg Softgel
- RITE AID Loperamide Hydrochloride 1mg/7.5mL Suspension (Mint)
- Select Brand Anti-Diarrheal 2mg Caplet

- Today's Health Anti-Diarrheal 2mg Tablet
- Top Care Anti-Diarrheal 2mg Caplet
- TopCare Loperamide Hydrochloride 1mg/7.5mL Solution (Mint)
- TopCare Loperamide Hydrochloride 1mg/7.5mL Suspension (Mint)
- Walgreens Anti-Diarrheal + Anti-Gas 2mg-125mg Caplet
- Walgreens Anti-Diarrheal 1mg/5ml Solution (Cherry Mint)
- Walgreens Anti-Diarrheal 2mg Caplet
- Walgreens Anti-Diarrheal 2mg Softgel
- Walgreens Loperamide 1mg/7.5mL Solution (Mint)

Dosage Adjustment Guidelines

Hepatic Impairment

Specific guidelines for dosage adjustments are not available; use caution since loperamide undergoes significant first-pass hepatic metabolism.

Renal Impairment

Specific guidelines for dosage adjustments in renal impairment are not available; it appears that no dosage adjustments are needed.