100 common drug–drug and drug–food interactions

Interaction → Brief mechanism → Main clinical consequence → Severity (High / Moderate / Minor).

1. **Warfarin — Vitamin K–rich foods (leafy greens)** → vitamin K reverses warfarin effect → reduced INR / loss of anticoagulation → **High**

2. **Warfarin — Antibiotics (e.g., ciprofloxacin, trimethoprim-sulfamethoxazole)** → reduce gut flora / inhibit CYP → increased warfarin levels & INR → **High**

3. **Warfarin — NSAIDs (ibuprofen, naproxen, aspirin)** → additive antiplatelet / GI mucosal damage → increased bleeding risk → **High**

4. **Warfarin — Amiodarone** → inhibits warfarin metabolism (CYP) → large INR increases → **High**

5. **Warfarin — Fluconazole / Azole antifungals** → CYP inhibition → increased INR / bleeding → **High**

6. **Warfarin — St. John's Wort** → induces CYP → decreased INR / reduced anticoagulation → **High**

7. **Warfarin — Alcohol (chronic vs binge)** → complex: chronic may induce enzymes, binge may increase INR/bleeding → variable but **Moderate–High**

8. **Warfarin — Metronidazole** → CYP inhibition / gut flora change → increased INR → **High**

9. **ACE inhibitors (e.g., lisinopril) — Potassium supplements / K-sparing diuretics (spironolactone)** → additive hyperkalemia → cardiac arrest risk → **High**

10. **ACE inhibitors — NSAIDs** → reduce prostaglandin-mediated renal perfusion → reduced BP effect + risk AKI → **High**

11. **ARBs (losartan) — Potassium supplements / spironolactone** → hyperkalemia → **High**

12. **Lithium — Thiazide diuretics (HCTZ)** → reduced lithium clearance → lithium toxicity (tremor, confusion) → **High**

13. **Lithium — NSAIDs (esp. indomethacin, naproxen)** → reduce renal clearance of lithium → toxicity → **High**

14. **Lithium — ACE inhibitors / ARBs** → reduce lithium excretion → toxicity risk → **High**

100 common drug–drug and drug–food interactions

Interaction → Brief mechanism → Main clinical consequence → Severity (High / Moderate / Minor).

15. **Statins (simvastatin, lovastatin) — Strong CYP3A4 inhibitors (clarithromycin, itraconazole, some azoles)** → greatly increased statin levels → rhabdomyolysis risk → **High**

16. **Statins — Grapefruit juice** → CYP3A4 inhibition in gut → increased statin exposure → myopathy/rhabdomyolysis (esp. simva/lova/atorva) → **High**

17. **Simvastatin/Atorvastatin — Gemfibrozil** → fibrate inhibits statin metabolism + additive myopathy → **High**

18. **Macrolide antibiotics (erythromycin, clarithromycin) — Statins** → CYP inhibition → increased myopathy risk → **High**

19. **Macrolides — Warfarin** → CYP inhibition → increased INR/bleeding → **High**

20. **Macrolides — QT-prolonging drugs (e.g., haloperidol, some fluoroquinolones)** → additive QT prolongation → torsades risk → **High**

21. **SSRIs (e.g., sertraline, fluoxetine) — MAOIs (e.g., phenelzine)** → serotonergic overlap → serotonin syndrome (life-threatening) → **High**

22. **SSRI — Triptans (sumatriptan)** → combined serotonin effect → serotonin syndrome risk → **Moderate–High**

23. **MAO inhibitors — Tyramine-rich foods (aged cheese, cured meats, some beers)** → blocked tyramine metabolism → hypertensive crisis → **High**

24. **Linezolid (MAOI activity) — SSRIs / SNRIs / triptans** → serotonin syndrome risk → **High**

25. **SSRIs (fluoxetine) — Warfarin** → CYP interaction + platelet dysfunction → increased bleeding risk → **High**

26. **NSAIDs — Antihypertensives (ACEi, ARBs, diuretics, beta-blockers)** → NSAIDs can blunt antihypertensive effect → reduced BP control; AKI risk if combo with ACEi + diuretic → **Moderate–High**

27. **NSAIDs — Low-dose aspirin (cardio)** → NSAIDs (ibuprofen) may reduce aspirin cardioprotective effect if taken concurrently → **Moderate**

28. **Aspirin — Anticoagulants (warfarin, DOACs)** → additive bleeding → **High**

100 common drug–drug and drug–food interactions

Interaction → Brief mechanism → Main clinical consequence → Severity (High / Moderate / Minor).

29. **PPI (omeprazole) — Clopidogrel** → omeprazole inhibits CYP2C19 → reduces clopidogrel activation → decreased antiplatelet effect → **Moderate–High**

30. **Clopidogrel — PPIs (esomeprazole, omeprazole)** → same as above → **Moderate**

31. **Clopidogrel — CYP2C19 inducers (rifampicin, carbamazepine)** → reduced clopidogrel activation → loss of efficacy → **Moderate**

32. **Clopidogrel — CYP2C19 inhibitors (omeprazole, fluvoxamine)** → reduced activation → decreased effect → **Moderate**

33. **Digoxin — Verapamil / Diltiazem** → reduced renal clearance / P-gp inhibition → increased digoxin levels → toxicity (arrhythmias, GI, visual) → **High**

34. **Digoxin — Amiodarone** → increases digoxin levels (P-gp/CYP effects) → toxicity → **High**

35. **Digoxin — Hypokalemia (thiazides, loop diuretics)** → low K increases sensitivity to digoxin → arrhythmia risk → **High**

36. **Digoxin — Macrolides (erythromycin) / azoles** → can increase digoxin levels via P-gp interactions → **Moderate–High**

37. **Calcium channel blockers (verapamil, diltiazem) — Beta-blockers** → additive negative chronotropy/contractility → severe bradycardia, AV block → **High**

38. **Beta-blockers — Clonidine** → abrupt withdrawal or combined CNS effects → exaggerated bradycardia/hypotension; caution when stopping clonidine → **Moderate–High**

39. **Oral contraceptives — Rifampicin / Rifabutin** → CYP induction → reduced contraceptive efficacy → pregnancy risk → **High**

40. **Oral contraceptives — Some anticonvulsants (carbamazepine, phenytoin, phenobarbital)** → enzyme induction → decreased OC effectiveness → **High**

41. **Oral contraceptives — Broad-spectrum antibiotics (possible effect, e.g., rifampicin is definite)** → decreased efficacy mainly with enzyme-inducing antibiotics; controversy with others → **Moderate**

100 common drug–drug and drug–food interactions

Interaction → Brief mechanism → Main clinical consequence → Severity (High / Moderate / Minor).

42. **Rifampicin — Many drugs (e.g., warfarin, oral contraceptives, statins)** → potent enzyme inducer → reduced levels and efficacy of co-meds → **High**

43. **Carbamazepine — Warfarin** → induces metabolism → decreased INR → **Moderate–High**

44. **Carbamazepine — Oral contraceptives** → induces metabolism → reduced OC effectiveness → **High**

45. **Carbamazepine — Statins** → may decrease statin levels via induction → **Moderate**

46. **Phenytoin — Oral contraceptives / warfarin / other drugs** → CYP induction → reduced efficacy of many drugs → **High**

47. **Phenytoin — Valproate** → valproate inhibits phenytoin metabolism and displaces it → altered levels and toxicity risk → **Moderate–High**

48. **Valproate — Lamotrigine** → valproate inhibits lamotrigine clearance → large increase in lamotrigine → risk of severe rash (SJS) → **High**

49. **Serotonergic drugs (SSRIs, SNRIs, TCAs, tramadol, amphetamines) — MAOIs** → serotonin syndrome → **High**

50. **SSRI (fluoxetine) — Tamoxifen** → fluoxetine inhibits CYP2D6 → reduces tamoxifen activation → decreased cancer therapy efficacy → **Moderate–High**

51. **Tamoxifen — CYP2D6 inhibitors (paroxetine, bupropion)** → reduced tamoxifen activation → **Moderate–High**

52. **Warfarin — NSAIDs topical vs systemic** → systemic NSAIDs higher bleeding risk; topical less but still caution → **Moderate**

53. **Metformin — Contrast media (IV iodinated) / renal impairment** → risk lactic acidosis if renal function worsens; suspend around contrast per policy → **High**

54. **Metformin — Cimetidine** → cimetidine reduces metformin clearance → increased metformin levels → **Moderate**

55. **Metformin — Alcohol** → potentiates lactic acidosis risk (esp. heavy use) → **Moderate–High**

100 common drug–drug and drug–food interactions

Interaction → Brief mechanism → Main clinical consequence → Severity (High / Moderate / Minor).

56. **Metformin — Beta-blockers** → may mask hypoglycemia symptoms (tachycardia) → **Moderate**

57. **Sulfonylureas (glyburide, glimepiride) — Alcohol** → disulfiram-like reactions (chlorpropamide) or enhanced hypoglycemia with some drugs → **Moderate**

58. **Sulfonylureas — Azole antifungals / macrolides** → reduce metabolism → increased hypoglycemia risk → **Moderate–High**

59. **Insulin / Sulfonylureas — Beta-blockers** → mask hypoglycemia symptoms (tremor, tachycardia) → delayed recognition of hypoglycemia → **Moderate**

60. **SGLT2 inhibitors (empagliflozin) — Diuretics** → additive volume depletion → hypotension, AKI risk → **Moderate–High**

61. **SGLT2 inhibitors — NSAIDs / ACEi/ARB** → increase AKI risk when combined (careful monitoring) → **Moderate**

62. **Oral tetracyclines (doxycycline, tetracycline) — Calcium / Iron / Milk / Antacids** → chelation → reduced antibiotic absorption → therapeutic failure → **Moderate–High**

63. **Fluoroquinolones — Calcium / Magnesium / Iron / Antacids** → chelation → reduced absorption → **Moderate**

64. **Bisphosphonates (alendronate) — Food / Calcium / Antacids** → reduced absorption; must take on empty stomach and stay upright → **Moderate**

65. **Levofloxacin / Ciprofloxacin — Theophylline** → reduced theophylline clearance or seizure risk (drug specific) → **Moderate**

66. **Theophylline — Cigarette smoking** → smoking induces metabolism → lower theophylline levels; quitting raises levels → **Moderate**

67. **Theophylline — Ciprofloxacin / erythromycin** → decrease clearance → theophylline toxicity (nausea, arrhythmia, seizure) → **High**

68. **Proton pump inhibitors (omeprazole) — Clopidogrel** → see #29 — reduced clopidogrel effect → **Moderate**

69. **PPI — Methotrexate (high-dose)** → may reduce renal clearance of methotrexate → increased toxicity → **Moderate**

100 common drug–drug and drug–food interactions

Interaction → Brief mechanism → Main clinical consequence → Severity (High / Moderate / Minor).

70. **SSRIs (paroxetine, fluoxetine) — Tamoxifen** → reduce tamoxifen activation via CYP2D6 → **Moderate–High**

71. **MAOIs — Meperidine (pethidine)** → hyperpyrexic coma / serotonin syndrome → **High**

72. **Tramadol — SSRIs / MAOIs / triptans** → increased serotonin syndrome risk → **High**

73. **Triptans — SSRIs / SNRIs** → additive serotonin effect → serotonin syndrome risk (rare but important) → **Moderate**

74. **Sumatriptan — MAOI** → MAOI increases triptan levels → exaggerated responses → **Moderate**

75. **Oral iron — Tetracyclines / Quinolones** → reduced antibiotic absorption (chelation) → **Moderate**

76. **Oral iron — Antacids / PPIs** → reduced iron absorption → iron deficiency treatment failure → **Moderate**

77. **Calcium supplements — Levothyroxine** → calcium binds levothyroxine → reduced absorption → hypothyroid effects → **Moderate–High** (if not spaced)

78. **Iron supplements — Levothyroxine** → iron interferes with levothyroxine absorption → hypothyroid effect if not spaced → **Moderate**

79. **Warfarin — Antibiotics that reduce vitamin K producing bacteria (broad-spectrum)** → ↑INR/bleeding → **High**

80. **Rivaroxaban / Apixaban / DOACs — Strong CYP3A4 & P-gp inhibitors (ketoconazole, ritonavir)** → increased DOAC levels → bleeding risk → **High**

81. **DOACs — Strong CYP3A4 & P-gp inducers (rifampicin, carbamazepine)** → reduced DOAC levels → thrombosis risk → **High**

82. **Atenolol / hydrophilic beta blockers — NSAIDs** → NSAIDs can blunt antihypertensive effect → **Moderate**

83. **Beta-blockers — Calcium channel blockers (verapamil/diltiazem)** → severe bradycardia/heart block (see #37) → **High**

100 common drug–drug and drug–food interactions

Interaction → Brief mechanism → Main clinical consequence → Severity (High / Moderate / Minor).

84. **Amiodarone — Statins** → increases statin levels (esp. simvastatin) → myopathy risk → **High**

85. **Amiodarone — Warfarin** → reduces warfarin clearance → markedly increases INR → **High**

86. **Amiodarone — Digoxin** → increases digoxin levels → toxicity → **High**

87. **Oral tetracyclines — Pregnancy** → contraindicated (teratogenic effects on teeth/bone) — food interaction note: avoid dairy around dose → **High (pregnancy)**

88. **Fluoroquinolones — Antacids with Mg/Al / calcium** → chelation reduces drug absorption → **Moderate**

89. **Calcium channel blockers (amlodipine) — Grapefruit juice** → increased levels via CYP3A4 inhibition → hypotension/overdose effects → **Moderate–High**

90. **Buspirone — MAOIs** → severe interactions (hypertensive/serotonergic) → **Moderate–High**

91. **PDE5 inhibitors (sildenafil) — Nitrates (isosorbide dinitrate)** → profound hypotension → **High**

92. **PDE5 inhibitors — Alpha-blockers** → additive hypotension → **Moderate–High**

93. **Statins — Grapefruit (repeat)** → increased exposure → myopathy/rhabdomyolysis (already covered) → **High**

94. **Antacids (aluminium, magnesium) — Levothyroxine** → reduce absorption → hypothyroid symptoms if not spaced → **Moderate**

95. **Antacids — Ketoconazole / Itraconazole** → reduced absorption of azoles that need acidic pH → reduced antifungal efficacy → **Moderate**

96. **Isoniazid — Tyramine / Histamine-rich foods** → may inhibit MAO → hypertensive reactions with tyramine foods → **Moderate**

97. **Isoniazid — Phenytoin / Carbamazepine** → CYP interactions → altered anticonvulsant levels → **Moderate**

100 common drug–drug and drug–food interactions

Interaction → Brief mechanism → Main clinical consequence → Severity (High / Moderate / Minor).

98. **Anticholinergics (e.g., oxybutynin) — Other anticholinergics / antihistamines** → additive dry mouth, urinary retention, confusion (esp elderly) → **Moderate**

99. **Probenecid — Penicillin / Cephalosporins** → reduces renal excretion → increased antibiotic levels (sometimes used intentionally) → **Moderate**

100. **Metronidazole — Alcohol** → disulfiram-like reaction (flushing, nausea, tachycardia) → **Moderate–High**