

DRUG INTERACTIONS

Drug	Possible mechanism/ onset and severity	Adverse effects	Management
Drugs that DECREASE Sirolimus levels			
Anticonvulsants: <ul style="list-style-type: none"> Phenytoin Carbamazepine Phenobarbital, primidone 	↑ Enzyme induction, ↑ sirolimus metabolism <ul style="list-style-type: none"> delayed / major delayed/ moderate delayed / major 	↓ effectiveness of sirolimus which may lead to rejection	↑ sirolimus dose by 30% and monitor levels following addition, dose change or discontinuation.
Antimicrobial: Rifampin	Induction of hepatic enzymes delayed / major	Same as above	Monitor sirolimus levels following addition, dose change or discontinuation
Drugs that INCREASE Sirolimus levels			
Antimicrobials: <ul style="list-style-type: none"> Erythromycin, clarithromycin Azole antifungals 	↓ sirolimus metabolism <ul style="list-style-type: none"> delayed / major delayed/ moderate 	↑ sirolimus levels, ↑ risk of toxicity	Monitor sirolimus levels following addition, dose change or discontinuation. Monitor serum creatinine
Antidepressants: fluoxetine, fluvoxamine	↓ sirolimus metabolism delayed/ moderate	↑ sirolimus levels, ↑ risk of toxicity	Consider another antidepressant (citalopram, escitalopram) and/or monitor sirolimus levels closely
Cardiovascular: diltiazem, verapamil, amiodarone	May inhibit hepatic metabolism of sirolimus delayed / major	↑ sirolimus levels, ↑ risk of toxicity	Monitor sirolimus levels following addition, dose change or discontinuation
HMG-CoA Reductase Inhibitors: lovastatin, simvastatin, atorvastatin	sirolimus may ↓ metabolism of these agents	accumulation of statin and toxicity Myalgia, myopathy, rhabdomyolysis	Start with low dose of these agents and monitor very closely for toxicity
Digoxin	↓ volume of distribution of digoxin by 50-70%, ↑ digoxin half-life by 30-40%, and increased digoxin levels	digoxin toxicity such as vomiting, cardiac arrhythmia's	Initiate low dose and follow up with serum digoxin levels Closely monitor for symptoms of digoxin toxicity

