List of drugs that may have potential CYP3A4 interactions

CYP3A4 Substrates

Albuterol	Dihydroergotamine	Isradipine	Quinidine
Alfentanil	Diltiazem	Itraconazole	Rabeprazole
Alprazolam	Disopyramide	Ketamine	Ranolazine
Amiodarone	Docetaxel	Ketoconazole	Repaglinide
Amlodipine	Doxepin	Lansoprazole	Rifabutin
Amprenavir	Doxorubicin	Letrozole	Ritonavir
Aprepitant	Doxycycline	Levonorgestrel	Salmeterol
Aripiprazole	Efavirenz	Lidocaine	Saquinavir
Atazanavir	Eletriptan	Losartan	Sibutramine
Atorvastatin	Enalapril	Lovastatin	Sildenafil
Benzphetamine	Eplerenone	Medroxyprogesterone	Simvastatin
Bisoprolol	Ergoloid mesylates	Mefloquine	Sirolimus
Bortezomib	Ergonovine	Mestranol	Spiramycin
Bosentan	Ergotamine	Methadone	Sufentanil
Bromazepam	Erythromycin	Methylergonovine	Sunitinib
Bromocriptine	Escitalopram	Methysergide	Tacrolimus
Budesonide	Estradiol	Miconazole	Tamoxifen
Buprenorphine	Estrogens, conj., synthetic	Midazolam	Tamsulosin
Buspirone	Estrogens, conj., equine	Miglustat	Telithromycin
Busulfan	Estrogens, conj., esterified	Mirtazapine	Teniposide
Carbamazepine	Estrone	Modafinil	Tetracycline
Cerivastatin	Estropipate	Montelukast	Theophylline
Chlordiazepoxide	Ethinyl estradiol	Moricizine	Tiagabine
Chloroquine	Ethosuximide	Nateglinide	Ticlopidine
Chlorpheniramine	Etoposide	Nefazodone	Tipranavir
Cilostazol	Exemestane	Nelfinavir	Tolterodine
Cisapride	Felbamate	Nevirapine	Toremifene
Citalopram	Felodipine	Nicardipine	Trazodone
Clarithromycin	Fentanyl	Nifedipine	Triazolam
Clobazam	Flurazepam	Nimodipine	Trimethoprim
Clonazepam	Flutamide	Nisoldipine	Trimipramine
Clorazepate	Fluticasone	Norethindrone	Troleandomycin
Cocaine	Fosamprenavir	Norgestrel	Vardenafil
Colchicine	Gefitinib	Ondansetron	Venlafaxine
Conivaptan	Haloperidol	Paclitaxel	Verapamil
Cyclophosphamide	Ifosfamide	Pergolide	Vinblastine
Cyclosporine	Imatinib	Phencyclidine	Vincristine
Dantrolene	Indinavir	Pimozide	Vinorelbine
Dapsone	Irinotecan	Pipotiazine	Zolpidem
Dasatinib (1)	Isosorbide	Primaquine	Zonisamide
Delavirdine	Isosorbide dinitrate	Progesterone	Zopiclone
Diazepam	Isosorbide mononitrate	Quetiapine	

CYP3A4 Inhibitors

Acetominophen	Diclofenac	Lomustine	Primaquine
Acetazolamide	Dihydroergotamine Diltiazem	Losartan	Progesterone
Amiodarone	Disulfiram	Lovastatin	Propofol
Amlodipine	Docetaxel	Mefloquine	Propoxyphene
Amprenavir	Doxorubicin	Mestranol	Quinidine
Anastrozole	Doxycycline	Methadone	Quinine
Aprepitant	Drospirenone	Methimazole	Quinupristin
Atazanavir	Efavirenz	Methoxsalen	Rabeprazole
Atorvastatin	Enoxacin	Methylprednisolone	Ranolazine
Azelastine	Entacapone	Metronidazole	Risperidone
Azithromycin	Ergotamine	Miconazole	Ritonavir
Betamethasone	Erythromycin	Midazolam	Saquinavir
Bortezomib	Ethinyl estradiol	Mifepristone	Selegiline
Bromocriptine	Etoposide	Mirtazapine	Sertraline
Caffeine	Felodipine	Mitoxantrone	Sildenafil
Cerivastatin	Fentanyl	Modafinil	Sirolimus
Chloramphenicol	Fluconazole	Nefazodone	Sulconazole
Chlorzoxazone	Fluoxetine	Nelfinavir	Tacrolimus
Cimetidine	Fluvastatin	Nevirapine	Tamoxifen
Ciprofloxacin	Fluvoxamine	Nicardipine	Telithromycin
Cisapride	Fosamprenavir	Nifedipine	Teniposide
Clarithromycin	Glyburide	Nisoldipine	Testosterone
Clemastine	Grapefruit juice (2)	Nizatidine	Tetracycline
Clofazimine	Haloperidol	Norfloxacin	Ticlopidine
Clotrimazole	Hydralazine	Olanzapine	Tranylcypromine
Clozapine	Ifosfamide	Omeprazole	Trazodone
Cocaine	Imatinib	Orphenadrine	Troleandomycin
Conivaptan	Indinavir	Oxybutynin	Valproic acid
Cyclophosphamide	Irbesartan	Paroxetine	Venlafaxine
Cyclosporine	Isoniazid	Pentamidine	Verapamil
Danazol	Isradipine	Pergolide	Vinblastine
Dasatinib (1)	Itraconazole	Phencyclidine	Vincristine
Delavirdine	Ketoconazole	Pilocarpine	Vinorelbine
Desipramine	Lansoprazole	Pimozide	Voriconazole
Dexmedetomidine	Lidocaine	Pravastatin	Zafirlukast
Diazepam		Prednisolone	Ziprasidone

CYP3A4 Inducers

Aminoglutethimide	Nevirapine	Phenytoin	Rifapentine
Carbamazepine	Oxcarbazepine	Primidone	St. John's wort (3)
Fosphenytoin	Pentobarbital	Rifabutin	
Nafcillin	Phenobarbital	Rifampin	

When drugs classified as 'substrates' are co-administered with *(Study Agent)*, there is the potential for higher concentrations of the 'substrate'. When *(Study Agent)* is co-administered with compounds classified as 'inhibitors', increased plasma concentrations of *(Study Agent)* is the potential outcome. The co-administration of 'inducers' would potentially lower plasma *(Study Agent)* concentrations.

Note: Adapted from Cytochrome P450 Enzymes: Substrates, Inhibitors, and Inducers. In: Lacy CF, Armstrong LL, Goldman MP, Lance LL eds. Drug Information Handbook 15TH ed. Hudson, OH; LexiComp Inc. 2007: 1899-1912.
Only major substrates and effective inducers are listed.
Additional information for drug interactions with cytochrome P450 isoenzymes can be found at http://medicine.iupui.edu/flockhart/.

(1) Investigator's Brochure: Dasatinib (BMS 354825). Bristol-Myers Squibb. October 2006.

(2) Malhotra *et al*. (2001). Clin Pharmacol Ther. 69:14-23.

(3) Mathijssen *et al*. (2002). J Natl Cancer Inst. 94:1247-1249.
Frye *et al*. (2004). Clin Pharmacol Ther. 76:323-329.

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