

<b>Table 20: Common Oral Antibiotics</b> (also see prescribing information)		
→ Penicillins, cephalosporins, tetracyclines, macrolides, fluoroquinolones, sulfamethoxazole-trimethoprim [a], linezolid, dapsone		
<b>Class or Drug</b>	<b>Mechanism of Action</b>	<b>Clinical Comments</b>
<ul style="list-style-type: none"> <li>• NRTIs</li> <li>• Dolutegravir (DTG)</li> <li>• Bictegravir (BIC)</li> <li>• Raltegravir (RAL)</li> <li>• Cabotegravir (CAB)</li> <li>• Elvitegravir (EVG), boosted</li> <li>• Boosted PIs</li> <li>• Efavirenz (EFV)</li> <li>• Etravirine (ETR)</li> <li>• Doravirine (DOR)</li> <li>• Fostemsavir (FTR)</li> </ul>	<ul style="list-style-type: none"> <li>• No significant interactions are expected.</li> <li>• Penicillins and cefalexin are eliminated mainly by organic anion transporters, so may compete with TDF for active tubular excretion, thus increasing concentrations of both drugs. Because of limited duration of most penicillin regimens, significance of this interaction is expected to be minimal.</li> </ul>	No dose adjustments are necessary.
Rilpivirine (RPV)	<b>Macrolides:</b> Coadministration may increase RPV levels.	<b>Macrolides:</b> Consider alternatives. Increased RPV levels when combined with macrolides may lead to increased risk of torsades de pointes.
<p><b>Abbreviations:</b> COBI, cobicistat; NRTI, nucleoside reverse transcriptase inhibitor; PI, protease inhibitor; TDF, tenofovir disoproxil fumarate.</p> <p><b>Note:</b></p> <p>a. Trimethoprim blocks creatinine secretion and could accentuate the effects of COBI, BIC, and DTG.</p>		