

# Flockhart Table™

“The effective, intelligent management of many problems related to drug interactions in clinical prescribing can be helped by an understanding of how drugs are metabolized. Specifically, if a prescriber is aware of the dominant cytochrome P450 isoform involved in a drug's metabolism, it is possible to anticipate, from the inhibitor and inducer lists for that enzyme, which drugs might cause significant interactions.”

- Substrates: drugs that are metabolized as substrates by the enzyme
- Inhibitors: drugs that prevent the enzyme from metabolizing the substrates
- Activators: drugs that increase the enzyme's ability to metabolize the substrates

Taken from: <http://medicine.iupui.edu/CLINPHARM/ddis/pocket-card>

Furthermore, Pocket Cards can be ordered from: <http://medicine.iupui.edu/CLINPHARM/ddis/pocket-card>

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## P450 Drug Interaction Table

### SUBSTRATES drugs that are metabolized as substrates by the enzyme

1A2	2B6	2C8	2C9	2C19	2D6	2E1	3A4,5,7
amitriptyline	artemisinin	amodiaquine	<b>NSAIDs:</b>	<b>PPIs:</b>	tamoxifen:	<b>Anesthetics:</b>	<b>Macrolide</b>
caffeine <sub>2</sub>	bupropion <sub>1</sub>	<sup>2</sup>	diclofenac <sup>1</sup>	esomeprazole	<b>TAMOXIFEN</b>	enflurane	<b>antibiotics:</b>
clomipramine	cyclophosphamid	cerivastatin	ibuprofen	lansoprazole	<b>GUIDE</b>	halothane	clarithromycin
clozapine	e	paclitaxel	lornoxiam	omeprazole <sub>2</sub>	<b>Beta Blockers:</b>	isoflurane	erythromycin <sup>2</sup>
cyclobenzaprine	efavirenz <sub>1</sub>	repaglinide	meloxicam	pantoprazole	carvedilol	methoxyflurane	(not 3A5)
duloxetine	ifosphamide	sorafenib	S-		S-metoprolol	sevoflurane	NOT
estradiol	ketamine	torseamide	naproxen→Nor	<b>Anti-epileptics:</b>	propafenone		azithromycin
fluvoxamine	mepidine		piroxicam	diazepam→Nor	timolol	acetaminophen→NAP	telithromycin
haloperidol	methadone		suprofen	phenytoin(O)		QI	
imipramine N-DeMe	nevirapine			S-mephenytoin <sup>1</sup>	<b>Antidepressants:</b>	aniline <sub>2</sub>	<b>Anti-</b>
mexiletine	propafol		<b>Oral</b>	phenobarbitone	amitriptyline	benzene	<b>arrhythmics:</b>
nabumetone	selegiline		<b>Hypoglycemic</b>		clomipramine	chlorzoxazone <sub>1</sub>	quinidine→3-OH
naproxen	sorafenib		<b>Agents:</b>	amitriptyline	desipramine	ethanol	(not 3A5)
olanzapine			tolbutamide <sup>1</sup>	carisoprodol	fluoxetine	N,N-	
ondansetron			glipizide	citalopram	imipramine	dimethylformamide	<b>Benzodiazepines</b>
phenacetin <sub>1</sub> →				chloramphenicol		theophylline→8-OH	:
acetaminophen							

**Substrates continued**

1A2	2B6	2C8	2C9	2C19	2D6	2E1	3A4,5,7
→NAPQI			<b>Angiotensin II Blockers:</b>	clomipramine	paroxetine		alprazolam
propranolol			losartan	clopidogrel	venlafaxine		diazepam→3OH
riluzole			irbesartan	cyclophosphamid			midazolam <sup>1</sup>
ropivacaine				e	<b>Antipsychotics:</b>		triazolam <sup>2</sup>
tacrine <sub>2</sub>			<b>Sulfonylureas:</b>	hexobarbital	haloperidol		
theophylline <sub>2</sub>			glyburide	imipramine N-DeME	perphenazine		<b>Immune Modulators:</b>
tizanidine			glibenclamide	indomethacin	risperidone→9-OH		cyclosporine
triamterene			glipizide	labetalol	thioridazine		tacrolimus
verapamil			glimepiride	R-mephobarbital	zuclopenthixol		(FK506)
(R)warfarin			tolbutamide	moclobemide	alprenolol		
zileuton				nelfinavir	amphetamine		<b>HIV Antivirals:</b>
zolmitriptan			amitriptyline	nilutamide	aripiprazole		indinavir
			celecoxib	primidone	atomoxetine		nelfinavir
			fluoxetine	progesterone	bufuralol <sup>1</sup>		ritonavir
			fluvastatin	proguanil	chlorpheniramine		saquinavir
			glyburide	propranolol	chlorpromazine		
			nateglinide	teniposide	clonidine		<b>Prokinetic:</b>
			phenytoin-4-OH <sub>2</sub>	R-warfarin→8-OH	codeine (→O-desMe)		cisapride
			rosiglitazone	<u>voriconazole</u>	debrisoquine <sup>2</sup>		<b>Antihistamines:</b>
			tamoxifen		dexfenfluramine		astemizole
			toremide		dextromethorphan <sup>1</sup>		chlorpheniramine
			valproic acid		donepezil		terfenadine <sup>2</sup>
			S-warfarin <sup>1</sup>		duloxetine		
			<u>zakirlukast</u>		encainide		<b>Calcium Channel Blockers:</b>
					flecainide		amlodipine
					fluvoxamine		diltiazem
					lidocaine		felodipine
					metoclopramide		lercanidipine
					methoxyamphetamine		nifedipine <sup>2</sup>
					ne		
					mexiletine		

**Substrates continued**

1A2	2B6	2C8	2C9	2C19	2D6	2E1	3A4,5,7
					minaprine nebivolol nortriptyline ondansetron oxycodone perhexiline phenacetin phenformin promethazine propafenone propranolol risperidone sparteine tramadol		nisoldipine nitrendipine verapamil  <b>HMG CoA Reductase Inhibitors:</b> atorvastatin cerivastatin lovastatin NOT pravastatin NOT rosuvastatin simvastatin  <b>Steroid 6beta- OH:</b> estradiol hydrocortisone progesterone testosterone <sup>1</sup>  <b>Miscellaneous:</b> alfentanil aprepitant aripiprazole boceprevir buspirone carbamazepine cafergot caffeine→TMU cilostazol cocaine codeine-N-

***Substrates continued***

1A2	2B6	2C8	2C9	2C19	2D6	2E1	3A4,5,7
							demethylation
							dapsone
							dexamethasone
							dextromethorpha n <sup>2</sup>
							docetaxel
							domperidone
							eplerenone
							fentanyl
							finasteride
							gleevec
							haloperidol
							irinotecan
							LAAM
							lidocaine
							methadone
							nateglinide
							nevirapine
							ondansetron
							pimozide
							propranolol
							quetiapine
							quinine
							risperidone
							romidepsin
							salmeterol
							sildenafil
							sirolimus
							sorafenib
							sunitinib
							tamoxifen
							taxol
							telaprevir

**Substrates continued**

1A2	2B6	2C8	2C9	2C19	2D6	2E1	3A4,5,7
							terfenadine torisel trazodone vemurafenib vincristine zaleplon ziprasidone zolpidem

**INHIBITORS** drugs that prevent the enzyme from metabolizing the substrates

Inhibitors compete with other drugs for a particular enzyme thus affecting the optimal level of metabolism of the substrate drug which in many cases affect the individual's response to that particular medication, e.g. making it ineffective.

■ **A Strong inhibitor** is one that causes a > 5-fold increase in the plasma AUC values or more than 80% decrease in clearance.

■ **A Moderate inhibitor** is one that causes a > 2-fold increase in the plasma AUC values or 50-80% decrease in clearance.

■ **A Weak inhibitor** is one that causes a > 1.25-fold but < 2-fold increase in the plasma AUC values or 20-50% decrease in clearance.

FDA preferred<sup>1</sup> and acceptable<sup>2</sup> **inhibitors** for in vitro experiments.\*

1A2	2B6	2C8	2C9	2C19	2D6	2E1	3A4,5,7
■ fluvoxamine ■ ciprofloxacin ■ cimetidine	clopidogrel thiotepa ticlopidine <sup>2</sup> voriconazole	■ gemfibrozil <sup>2</sup> ■ trimethoprim <sup>2</sup>	■ fluconazole <sup>2</sup> ■ amiodarone efavirenz fenofibrate glitazones montelukast <sup>1</sup> quercetin <sup>1</sup>	PPIs: esomeprazole lansoprazole omeprazole <sup>2</sup> pantoprazole	■ bupropion ■ cinacalcet ■ fluoxetine ■ paroxetine ■ quinidine <sup>1</sup>  ■ duloxetine ■ sertraline ■ terbinafine	diethyl- dithiocarbamate <sup>2</sup> disulfiram	HIV Antivirals: ■ indinavir ■ nelfinavir ■ ritonavir  ■ clarithromycin ■ itraconazole <sup>1</sup> ■ ketoconazole ■ nefazodone ■ saquinavir
amiodarone efavirenz fluoroquinolones fluvoxamine furafylline <sup>1</sup>			fluvastatin fluvoxamine <sup>2</sup> isoniazid	Other: chloramphenicol			

**Inhibitors continued**

1A2	2B6	2C8	2C9	2C19	2D6	2E1	3A4,5,7
interferon			lovastatin	cimetidine	■ amiodarone		■ suboxone
methoxsalen			metronidazole	felbamate	■ cimetidine		■ telithromycin
mibefradil			paroxetine	fluoxetine	celecoxib		
ticlopidine			phenylbutazone	fluvoxamine	chlorpheniramine		■ aprepitant
			probenicid	indomethacin	chlorpromazine		■ erythromycin
			sertraline	isoniazid	citalopram		■ fluconazole
			sulfamethoxazole	ketoconazole	clemastine		■ grapefruit juice
			e	modafinil	clomipramine		■ verapamil <sup>2</sup>
			sulfaphenazole <sup>1</sup>	oral	cocaine		■ diltiazem
			teniposide	contraceptives	diphenhydramine		■ cimetidine
			voriconazole	oxcarbazepine	doxepin		
			zafirlukast	probenicid	doxorubicin		
				ticlopidine <sup>2</sup>	escitalopram		amiodarone
				topiramate	halofantrine		NOT
				voriconazole	haloperidol		azithromycin
					histamine H1		chloramphenicol
					receptor antagonists		boceprevir
					hydroxyzine		ciprofloxacin
					levomepromazine		delaviridine
					methadone		diethyl-
					metoclopramide		dithiocarbamate
					mibefradil		fluvoxamine
					midodrine		gestodene
					moclobemide		imatinib
					perphenazine		mibefradil
							mifepristone
					promethazine		norfloxacin
					ranitidine		norfluoxetine
					reduced-haloperidol		starfruit
					ritonavir		telaprevir
					ticlopidine		voriconazole
					tripelennamine		

1A2	2B6	2C8	2C9	2C19	2D6	2E1	3A4,5,7
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**INDUCERS** drugs that increase the enzyme's ability to metabolize the substrates

1A2	2B6	2C8	2C9	2C19	2D6	2E1	3A4,5,7
broccoli	artemisinin	rifampin <sup>1</sup>	carbamazepine	carbamazepine	dexamethasone	ethanol	HIV Antivirals:
brussel sprouts	carbamazepine		enzalutamide	efavirenz	rifampin	isoniazid	efavirenz
carbamazepine	efavirenz			enzalutamide			nevirapine
char-grilled meat	nevirapine		nevirapine				
insulin	phenobarbital		phenobarbital	norethindrone			barbiturates
methylcholanthren	phenytoin		rifampin	NOT			carbamazepine
e <sup>1</sup>	rifampin		secobarbital	pentobarbital			
modafinil			St. John's Wort	prednisone			enzalutamide
nafcillin				rifampicin <sup>1</sup>			glucocorticoids
beta-				ritonavir			modafinil
naphthoflavone <sup>1</sup>				St. John's Wort			oxcarbazepine
omeprazole <sup>1</sup>							phenobarbital <sup>2</sup>
rifampin							phenytoin <sup>2</sup>
tobacco							pioglitazone
							rifabutin
							rifampin <sup>1</sup>
							St. John's Wort
							troglitazone <sup>1</sup>

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