

Appendix: Tables of pharmacokinetic and pharmacodynamic drug interactions with fluvoxamine. These lists are not exhaustive but highlight clinically relevant interactions for select medications.

Table 1: Pharmacokinetic Interactions with Fluvoxamine^{1,2}

Cytochrome p450 isoform	Strength of inhibition	Example substrates and adverse effects
1A2	Strong	<ul style="list-style-type: none"> • Tizanidine – can result in profound hypotension and QTc prolongation. Use is contraindicated. • Caffeine – can increase serum caffeine concentration. Advised to limit intake to 1 serving per day. • Clozapine – monitor for toxicity; consider dose reduction to one-third of original dose. • Theophylline – monitor for toxicity; dosage reduction may be required. • Mexiletine – monitor for toxicity; dosage reduction may be required. • Propranolol – monitor blood pressure and heart rate; dosage reduction may be required. • R-warfarin – can result in increased warfarin activity; INR monitoring required every 3-5 days.
2C19	Strong	<ul style="list-style-type: none"> • Clopidogrel – reduces biotransformation of clopidogrel to its active metabolite. May reduce efficacy. • Phenytoin – monitor for toxicity; check serum concentration after 5-7 days; dosage reduction may be required. • Diazepam – monitor for toxicity; consider dosage reduction or switch to a lorazepam/oxazepam
2C9	Moderate	<ul style="list-style-type: none"> • S-warfarin – can result in increased warfarin activity; INR monitoring required every 3-5 days.
3A4	Moderate	<ul style="list-style-type: none"> • Carbamazepine – monitor for toxicity; check serum concentration after 5-7 days; dosage reduction may be required. • Methadone – monitor for toxicity; encourage weekly follow-up with prescriber for dosage adjustments. • Cyclosporine – monitor for toxicity; check serum concentration after 5-7 days; dosage reduction may be required. • Alprazolam – monitor for toxicity; consider dosage reduction or switch to lorazepam/oxazepam. • R-warfarin – can result in increased warfarin activity; INR monitoring required every 3-5 days.

Table 2: Pharmacodynamic Interactions with Fluvoxamine^{1,2}

Adverse Effects	Concurrent Medications
Serotonin toxicity	<ul style="list-style-type: none"> • Serotonin reuptake inhibitors • Tricyclic antidepressants • Methadone • Tramadol • Fentanyl • Meperidine • Lithium • St. John's Wort • Monoamine oxidase inhibitor e.g. linezolid, methylene blue, phenelzine* <p>*Monoamine oxidase inhibitor use concurrently or within the last 14 days is contraindicated.</p>
QTc prolongation	<ul style="list-style-type: none"> • Thioridazine* • Mesoridazine* • Pimozide* • Tizanidine* • Methadone <p>*Use with any of these agents is contraindicated.</p>
Increased bleeding risk	<ul style="list-style-type: none"> • Antiplatelets • Anticoagulants • Non-steroidal anti-inflammatory drugs
Decreased seizure threshold	<ul style="list-style-type: none"> • Antidepressants • Antipsychotics • Tramadol

References:

1. Product monograph. Luvox (Fluvoxamine). Etobicoke, Ontario: BGP Pharma ULC, July 6, 2016.
2. Fluvoxamine. In: Lexi-Drugs Online [database on the Internet]. Hudson (OH): Lexicomp Inc.: 2022 [updated 07 Dec 2021; cited 08 Jan 2022]. Available from: <http://online.lexi.com>.