

| Antibiotic Class | Drug Interactions |
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| Penicillins | Oral contraceptives—failure (infrequent) |
| | Allopurinol—increased rash with ampicillin |
| | Aminoglycosides—when administered IV simultaneously, inactivation occurs |
| | Probenecid—reduced renal elimination of penicillin |
| Cephalosporins | Warfarin—cefotetan and cefoperazone enhance the anticoagulant effect of warfarin |
| | Antacids—may reduce the oral absorption of cefaclor , cefdinir , and cefpodoxime |
| Fluoroquinolones | Antacids, iron salts, sucralfate—absorption of the fluoroquinolone is reduced by chelation |
| | Theophylline—metabolism is slowed by ciprofloxacin , may cause theophylline toxicity; warfarin elimination is slowed by fluoroquinolones—follow clotting times carefully |
| Tetracyclines | Antacids, iron salts—bind to tetracycline and reduce oral absorption (occur least with doxycycline) |
| | Oral contraceptives—failure |
| Macrolides | Clarithromycin can increase levels of warfarin , cyclosporin, lovastatin , theophylline—monitor additive effects carefully |
| Vancomycin | Aminoglycosides—may increase risk of nephrotoxicity |
| Aminoglycosides | Neuromuscular blockers—may prolong respiratory depression; loop diuretics—may increase auditory toxicity |
| Bactrim | Warfarin—can prolong clotting times; phenytoin—increase in serum levels and possible toxicity |