The inhibition of CYP3A4 by fluconazole may result in a change in the fluconazole dose regimen in subjects receiving concomitant diuretics. Dosage adjustment of alfentanil may be necessary when combined with fluconazole. Methadone is also a CYP3A4 substrate, and the concomitant administration of fluconazole and methadone may be necessary.

Coadministration of fluconazole and quinidine is contraindicated. (See Refs.) In vitro studies have shown that fluconazole, at doses of up to 200 mg/L, had no significant effect on the activity of quinidine. The concomitant administration of fluconazole with quinidine has been shown to have no effect on the elimination of either drug at these doses. Therefore, the combined use of these drugs is unlikely to have an effect on the efficacy of the combined regimen.

During concomitant treatment with fluconazole (200 mg daily) and celecoxib (200 mg), halofantrine dose may be necessary when combined with fluconazole. This is due to the inhibition of metabolism of celecoxib by fluconazole, which can result in increased levels of celecoxib and potential drug interactions. Fluconazole increases the effect of amitriptyline and nortriptyline. 5- nortriptyline and/or amitriptyline may require dose adjustment or monitoring in patients taking these medications concomitantly with fluconazole.

In patients receiving concomitant treatment with fluconazole (200 mg daily) and celecoxib (200 mg), the celecoxib dose may be increased from 200 mg once daily to 5 mg once daily as instructed in the XELJANZ label. (See Refs.) This is to ensure the appropriate dosing of celecoxib in the presence of fluconazole.

Fluconazole increases the effect of amitriptyline and nortriptyline. 5- nortriptyline and/or amitriptyline may be required to be more pronounced following oral administration of fluconazole than with fluconazole alone. This increase in effect may require dose adjustment or monitoring in patients taking these medications concomitantly with fluconazole.

There have been reports of cardiac events, including torsade de pointes, in patients receiving fluconazole. (See Refs.) Careful monitoring of prothrombin time and transaminases is recommended in patients receiving fluconazole and concomitant medications. Transient hepatic reactions, including hepatitis and jaundice, have been reported in patients taking fluconazole and concomitant medications.

In patients receiving fluconazole for 7 or more days in clinical trials, nausea and vomiting were more common in patients aged 65 and older (9%, n=339) than for younger patients (14%, n=2240). In non-AIDS patients, side effects possibly related to fluconazole treatment were reported in 17% of patients (n=1355). In patients treated for 8 to 12 weeks, 5% of patients (n=143) reported side effects possibly related to fluconazole treatment. In patients over 65 years of age, 15% (n=231) of patients reported side effects possibly related to fluconazole treatment. These side effects were more common in patients aged 65 and older (9%, n=339) than for younger patients (14%, n=2240). In pediatric clinical trials, side effects possibly related to fluconazole treatment were reported in 19% of patients. In patients receiving fluconazole for 7 or more days in clinical trials, nausea and vomiting were more common in patients aged 65 and older (9%, n=339) than for younger patients (14%, n=2240). In non-AIDS patients, side effects possibly related to fluconazole treatment were reported in 17% of patients (n=1355). In patients treated for 8 to 12 weeks, 5% of patients (n=143) reported side effects possibly related to fluconazole treatment. In patients over 65 years of age, 15% (n=231) of patients reported side effects possibly related to fluconazole treatment. These side effects were more common in patients aged 65 and older (9%, n=339) than for younger patients (14%, n=2240). In pediatric clinical trials, side effects possibly related to fluconazole treatment were reported in 19% of patients.