

Antiretrovirals and Recreational Drugs

Charts revised May 2021. Full information available at www.hiv-druginteractions.org

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	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV	MVC	BIC/ F/TAF	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	ABC	FTC or 3TC	F/TAF	TDF	ZDV
Stimulants																					
Cocaine	↑ ^a ♥	↑ ^a ♥	↑ ^a	↑ ^a	↑ ^a ♥	↔	↑ ^b	↑ ^b	↑ ^b	↔♥	↔	↔	↔	↑ ^a	↑ ^a	↔	↔	↔	↔	↔	↔
Ecstasy (MDMA)	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↑ ^c	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^c	↑ ^c	↔	↔	↔	↔	↔	↔
Mephedrone	↑ ^d	↑ ^d	↑ ^d	↑ ^d	↑ ^d	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^d	↑ ^d	↔	↔	↔	↔	↔	↔
Methamphetamine	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Poppers (Amyl nitrate)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Depressants																					
Alcohol	↔	↔	↔	↔	↔ ^e	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Alprazolam	↑	↑ ^f	↑	↑ ^f	↑ ^f	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Codeine	↑ ^g	↑ ^g	↑ ^g	↑ ^g	↑ ^g	↔	↓ ^g	↓ ^g	↓ ^g	↔	↔	↔	↔	↑ ^g	↑ ^g	↔	↔	↔	↔	↔	↔
Diazepam	↑	↑	↑	↑	↑	↔	↓	↑	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
GHB (gamma hydroxybutyrate)	↑ ^h	↑ ^h	↑ ^h	↑ ^h	↑ ^h	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^h	↑ ^h	↔	↔	↔	↔	↔	↔
Heroin (Diamorphine)	↔ ⁱ	↓ ⁱ	↔ ⁱ	↓ ⁱ	↓ ⁱ	↔	↑	↔ ⁱ	↔	↔	↔	↔	↔	↔ ⁱ	↔ ⁱ	↔	↔	↔	↔	↔	↔
Hydrocodone	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Hydromorphone	↔	↓	↔	↓	↓	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ketamine	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Methadone	↔♥	↔♥	↑	↓16%	↓53%♥	↓26%	↓52%	↑6%	↓~50%	↓16%♥	↔	↔	↓2%	↑7%	↑7%	↔	↓	↔	↔	↔	↑~5%
Midazolam (oral)	↑ ^j	↑ ^j	↑ ^j	↑ ^j	↑ ^j	↓18%	↓ ^k	↓	↓	↔	↔	↔	↔	↑ ^j	↑ ^j	↔	↔	↔	↔	↔	↔
Morphine	↔ ⁱ	↓ ⁱ	↔ ⁱ	↓ ⁱ	↓ ⁱ	↔	↑	↔ ⁱ	↔	↔	↔	↔	↔	↔ ⁱ	↔ ⁱ	↔	↔	↔	↔	↔	↔
Oxycodone	↑	↑	↑	↑	↑160%	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Pethidine (Meperidine)	↑	↓ ^m	↑	↓ ^m	↓ ^m	↔	↓ ^m	↓ ^m	↓ ^m	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Temazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Triazolam	↑ ^j	↑ ^j	↑ ^j	↑ ^j	↑ ^j	↔	↓ ^k	↓	↓	↔	↔	↔	↔	↑ ^j	↑ ^j	↔	↔	↔	↔	↔	↔
Hallucinogens																					
Cannabis	↑ ⁿ ↓	↓ ^o ↓	↑ ⁿ	↓ ^o	↓ ^o	↔	↑ ⁿ	↑ ⁿ	↔	↔	↔	↔	↔	↓ ⁿ	↓ ⁿ	↔	↔	↔	↔	↔	↔
LSD (Lysergic acid diethylamide)	↑ ^p	↑ ^p	↑ ^p	↑ ^p	↑ ^p	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^p	↑ ^p	↔	↔	↔	↔	↔	↔
Phencyclidine (PCP, angel dust)	↑ ^q	↑ ^q	↑ ^q	↑ ^q	↑ ^q	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^q	↑ ^q	↔	↔	↔	↔	↔	↔

Colour Legend

	No clinically significant interaction expected.
	These drugs should not be coadministered.
	Potential interaction which may require a dose adjustment or close monitoring.
	Potential interaction predicted to be of weak intensity. No <i>a priori</i> dosage adjustment is recommended.

Text Legend

- ↑ Potential increased exposure of the recreational drug
- ↓ Potential decreased exposure of the recreational drug
- ↔ No significant effect
- ♥ One or both drugs may cause QT and/or PR prolongation. ECG monitoring is advised if coadministered with atazanavir or lopinavir; caution is advised with rilpivirine as supratherapeutic doses of rilpivirine (75 and 300 mg once daily) were shown to prolong the QT interval.
- Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.
- ↑↑ Potential increased exposure of HIV drug
- ↓↓ Potential decreased exposure of HIV drug

Notes

- a Clinical relevance unknown as cocaine is metabolized by other non-CYP mediated pathways. Ensure patient is aware of signs/symptoms of cocaine toxicity (tremor, seizures, anxiety, headache, increased body temperature).
- b Concentrations of hepatotoxic metabolite increased.
- c Ensure patient is aware of signs/symptoms of ecstasy toxicity (increased body temperature, dehydration, dry mouth, tense jaw, teeth grinding).
- d Ensure patient is aware of signs/symptoms of mephedrone toxicity (agitation, tachycardia, hypertension).
- e Not recommended with oral solution due to large amount of propylene glycol in the solution which may compete with alcohol elimination.
- f Initial inhibitory effect followed by induction in presence of ritonavir.
- g Potential opiate withdrawal due to reduced conversion to morphine.
- h Ensure patient is aware of signs/symptoms of GHB toxicity (myoclonic or seizure activity, bradycardia, respiratory depression, loss of consciousness).
- i Heroin is rapidly deacetylated to 6-monoacetylmorphine (6-MAM) by plasma esterases and subsequently to morphine by liver esterases. 6-MAM enters the brain at a much faster rate than morphine and has been correlated to the acute effects of heroin. PIs/EFV are unlikely to alter 6-MAM concentrations but may alter morphine concentrations. Also PIs, ETV, EVG/c could increase the amount of morphine entering the brain (via P-gp inhibition) and thus potentiate the effects of opiate in the CNS.
- j Increased sedation or respiratory depression.
- k Contraindicated by manufacturer.
- l Amount of morphine entering the CNS may be increased due to inhibition of P-gp and thus potentiate the effects of opiate in the CNS.
- m Concentrations of neurotoxic metabolite increased.
- n Concentrations of tetrahydrocannabinol (THC, the psychoactive component of cannabis) could be increased.
- o Concentrations of tetrahydrocannabinol (THC, the psychoactive component of cannabis) could be decreased, although to a modest extent.
- p Ensure patient is aware of signs/symptoms of LSD toxicity (hallucination, agitation, psychosis, flashbacks).
- q Ensure patient is aware of signs/symptoms of PCP toxicity (seizure, hypertension, increased body temperature).