# Antiretrovirals and Recreational Drugs

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

## Color 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 prior dosage adjustment is recommended.**

## Text Legend
- ↑ Potential increased exposure of the recreational drug
- ↓ Potential increased exposure of HIV drug
- ↔ No potential 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 rifampicin as supertherapeutic doses of rifampicin (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.

## Notes
- **a** Clinical relevance unknown as cocaine is metabolized by other non-CYP mediated pathways.
- **b** Protect patient is aware of signs/symptoms of cocaine toxicity (tremor, seizures, anxiety, headache, increased body temperature).
- **c** Concentrations of hepatotoxic metabolite increased.
- **d** Protect patient is aware of signs/symptoms of ecstasy toxicity (increased body temperature, dehydration, dry mouth, tense jaw, teeth grinding).
- **e** Protect patient is aware of signs/symptoms of MDMA toxicity (agitation, tachycardia, hypotension).
- **f** Not recommended with oral solution due to large amount of propylene glycol in the solution which may compete with alcohol elimination.
- **g** Initial inhibitory effect followed by induction in presence of ritonavir.
- **h** Protect 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. MVIPEFV 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 opiates in the CNS.
- **j** Protect patient is aware of signs/symptoms of LSD toxicity (hallucination, agitation, psychosis, flashbacks).
- **k** Protect patient is aware of signs/symptoms of MPTP toxicity (seizure, hypertension, increased body temperature).

## Abbreviations
- ATIC, atazanavir/cobicistat
- DRV, darunavir
- LPV, lopinavir
- TDF, tenofovir
- FTC, emtricitabine
- TAF/FTC, tenofovir/DFT/emtricitabine
- ABC, abacavir
- EFV, efavirenz
- RPV, rilpivirine
- MPC, maraviroc
- DOR, doravirine
- DRV, darunavir
- TDF, tenofovir
- FTC, emtricitabine
- TAF, tenofovir alafenamide
- BIC, bictegravir
- EVG, elvitegravir
- ETV, etravirine
- NVP, nevirapine
- DOR, doravirine

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