### Antiretrovirals and Recreational Drugs

**Stimulants**

<table>
<thead>
<tr>
<th>Stimulant</th>
<th>ATV/c</th>
<th>ATV/v</th>
<th>DRV/c</th>
<th>DRV/v</th>
<th>LPV/DR</th>
<th>DOR</th>
<th>EFV</th>
<th>ETV</th>
<th>NVP</th>
<th>RPV/DP</th>
<th>FTR</th>
<th>LEN</th>
<th>MVC</th>
<th>BIC/ITAF</th>
<th>CAB/oral</th>
<th>RPV</th>
<th>DTG</th>
<th>Efav/ITAF</th>
<th>Efav/ITDF</th>
<th>RAL</th>
<th>FTC/TAF</th>
<th>FTC/DF</th>
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<tbody>
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<tr>
<td>Ecstasy (MDMA)</td>
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<tr>
<td>Methamphetamine</td>
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</tbody>
</table>
| Hallucinogens
| Alcohol | e   | e     | e     | e     | e      | e   | e   | e   | e   | e      | e   | e   | e   | e      | e       | e   | e   | e      | e      | e   | e      | e       |
| MDMA (35% in young males) | t   | t    | t     | t     | t      | e   | e   | e   | e   | e      | t   | t   | t   | e      | e       | t   | t   | e      | e      | t   | t      | t       |
| Hallucinogens

### Depressants

<table>
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<th>ATV/v</th>
<th>DRV/c</th>
<th>DRV/v</th>
<th>LPV/DR</th>
<th>DOR</th>
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<th>RAL</th>
<th>FTC/TAF</th>
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<td>Ecstasy (MDMA)</td>
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| Hallucinogens

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<td>LSD (lysergic acid diethylamide)</td>
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<td>Phencyclidine (PCP, angel dust)</td>
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### Interactions

**Interactions with Cab/ RPV long acting injections**

Pharmacokinetic interactions are shown with RPV. QT interactions are shown with RPV.

### Interactions with Lenacapavin

Residual LEN may affect exposure of sensitive CYP3A4 substrates initiated within 9 months after stopping subcutaneous LEN.

### Interactions with Ibutilid

None

### Colour Legend

- No clinically significant interaction expected.
- These drugs should not be coadministered.
- Potential interaction which may require a dose adjustment or monitoring.
- Potential interaction predicted to be of weak intensity. No prior adjustment is recommended.

### Text Legend

- **Potential increased exposure of the recreational drug**: May potentiate the effects of the opiate in the CNS, increased sedation or respiratory depression.
- **Potential decreased exposure of the recreational drug**: May decrease the effects of the opiate in the CNS.
- **No significant effect**: No clinically significant effect is expected.
- **One or both drugs may cause QT and/or PR prolongation**: Caution is advised.
- **ECG monitoring is advised if concomitantly administered with atazanavir or lopinavir**: ECG monitoring is advised if concomitantly administered with atazanavir or lopinavir.
- **Rilpirinone and abacavir are shown to prolong the QT interval**: Rilpirinone and abacavir are shown to prolong the QT interval.
- **No clinically relevant interactions are expected.**

### Notes

- **Clinical relevance unknown**: 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).
- **Concentrations of hepatotoxic metabolite increased**: Methamphetamine increases the concentration of monoacetylmorphine (MAM) by plasma esterases and may alter morphine concentrations.
- **Not recommended with oral solution due to potential rise in tachycardia (seizure activity)**.
- **Initial inhibitory effect followed by induction in presence of ritonavir**: A PK effect refers to changes in plasma levels of the drug or its metabolites, not necessarily changes in the PK profile of the drug.
- **Potential variation due to reduced conversion to morphine**: Methamphetamine increases the concentration of monoacetylmorphine (MAM) by plasma esterases and may alter morphine concentrations. Also, Pts, ETV, EVC/G, Efav/DFG could increase the amount of morphine entering the brain (via P-gp inhibition) and thus potentiate the effects of opiate in the CNS.
- **Increased sedation or respiratory depression**: The efavirenz European SCC (but not longer use the US Prescribing Information) contraindicates coadministration citing competition for CYP3A4 by efavirenz as a potential mechanism for inhibition of midazolam or triazolam metabolism which may result in potential serious and/or life-threatening adverse events.
- **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**: Total plasma clearance of morphine is increased by P-gp inhibition and thus potentiate the effects of opiate in the CNS.
- **Concentrations of neurotoxic metabolite increased**: Methamphetamine increases the concentration of monoacetylmorphine (MAM) by plasma esterases and may alter morphine concentrations.
- **Concentrations of tetrahydrocannabinol (THC)**, the psychoactive component of cannabis could be increased.
- **Potential for PK effect refers to concentrations of tetrahydrocannabinol (THC)**, the psychoactive component of cannabis.
- **Ensure patient is aware of signs/symptoms of LSD toxicity**: Hallucinations, agitation, psychosis, flashbacks.
- **Ensure patient is aware of signs/symptoms of PCP toxicity**: Seizure, hyperthermia, increased body temperature.