

Anticonvulsant Treatment Selector

Charts produced March 2018.

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	DCV	EBR/GZR	GLP/PIB	LED/SOF	OBV/PTV/r	OBV/PTV/r +DSV	SMV	SOF	SOF/VEL	SOF/VEL/VOX
Carbamazepine	↓	↓	↓ ^a	↓	↓ ^b	↓ ^b	↓	↓	↓	↓
Clonazepam	↔	↔	↔	↔	↑	↑	↑	↔	↔	↔
Eslicarbazepine	↓	↓	↓	↓	↓↑	↓↑	↓↑	↔	↓	↓
Ethosuximide	↔	↔	↔	↔	↑	↑	↑	↔	↔	↔
Gabapentin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lacosamide	↔	↔	↔	↔	↑	↑	↑	↔	↔	↔
Lamotrigine	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Levetiracetam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lorazepam	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Oxcarbazepine	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
Phenobarbital	↓	↓	↓	↓	↓↓	↓↓	↓	↓	↓	↓
Phenytoin	↓	↓	↓	↓	↓↓	↓↓	↓	↓	↓	↓
Primidone	↓	↓	↓	↓	↓↑	↓↑	↓	↓	↓	↓
Topiramate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Valproate	↔	↔	↔	↔	?↓ ^c	?↓ ^c	↔	↔	↔	↔
Zonisamide	↑↑ ^d	↔	↔	↑↑ ^d	↔	↔	↑↑ ^d	↔	↔	↔

Colour Legend

	No clinically significant interaction expected.
	These drugs should not be coadministered.
	Potential interaction which may require a dosage adjustment or close monitoring.
	Potential interaction predicted to be of weak intensity.

Text Legend

↑	Potential increased exposure of the anticonvulsant	↑	Potential increased exposure of HCV DAA
↓	Potential decreased exposure of the anticonvulsant	↓	Potential decreased exposure of HCV DAA
↔	No significant effect		

Numbers refer to increased or decreased AUC as observed in drug-drug interaction studies.

- a Glecaprevir AUC decreased by 66%; pibrentasvir AUC decreased by 51%.
- b Coadministration with ombitasvir/paritaprevir/ritonavir + dasabuvir decreased the AUCs of ombitasvir, paritaprevir and dasabuvir by 31%, 70% and 70%, respectively.
- c The clinical significance of this is unclear. No a priori dose adjustment is required. Perform therapeutic drug monitoring and adjust dose if indicated.
- d The clinical significance of this is unclear. No a priori dose adjustment is required but close monitoring for clinical effectiveness and response is recommended.

Abbreviations: DCV Daclatasvir EBR/GZR Elbasvir/Grazoprevir GLP/PIB Glecaprevir/Pibrentasvir LED Ledipasvir OBV/PTV/r +DSV Ombitasvir/Paritaprevir/Ritonavir +Dasabuvir
SMV Simeprevir SOF Sofosbuvir VEL Velpatasvir VOX Voxilaprevir

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