Antiepileptic Treatment Selector

Charts revised November 2022. *Full information available at www.hep-druginteractions.org*

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	DCV	ELB/GZR	G/P	LED/SOF	OBV/PTV/r	OBV/PTV/r +DSV	SMV	SOF	SOF/VEL	SOF/VEL/VOX
Carbamazepine	⇓ a	⇓	⇓ b, c	⇓ b	⇓ d	⇓ d	⇓	⇓ b, e	⇓ b	⇓
Clobazam	↔	↔	↔	↔	↑ f	↑ f	↑ f	↔	↔	↔
Clonazepam	↔	↔	↔	↔	↑	↑	↑	↔	↔	↔
Eslicarbazepine	⇓ g	⇓	⇓ b	↔	⇓	⇓	⇓	↔	⇓ b	⇓
Diazepam	↔	↔	↔	↔	↑↓ h	↑↓ h	↑ i	↔	↔	↔
Ethosuximide	↔	↔	↔	↔	↑	↑	↑	↔	↔	↔
Gabapentin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lacosamide	↔	↔	↔	↔	↑	↑	↑	↔	↔	↔
Lamotrigine	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Levetiracetam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lorazepam	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Midazolam (oral)	↔	↑	↔	↔	↑	↑	↑ 45%	↔	↔	↔
Midazolam (parental)	↔	↑	↔	↔	↑ j	↑ j	↑ 10%	↔	↔	↔
Oxcarbazepine	⇓ g	⇓	⇓ b	⇓ b	⇓	⇓	⇓	⇓ b	⇓ b	⇓
Perampanel	↔	↔	↔	↔	↑	↑	↑	↔	↔	↔
Phenobarbital	⇓ a	⇓	⇓ b	⇓ b	⇓↓	⇓↓	⇓	⇓ b	⇓ b	⇓
Phenytoin	⇓ a	⇓	⇓ b	⇓ b	⇓↓	⇓↓	⇓	⇓ b	⇓ b	⇓
Pregabalin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Primidone	⇓ a	⇓	⇓ b	⇓ b	⇓↑	⇓↑	⇓	⇓ b	⇓ b	⇓
Retigabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rufinamide	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓	⇓
Sultiame	↔	↔	↔	↔	↑ f	↑ f	⇑↑ k	↔	↔	↔
Tiagabine	↔	↔	↔	↔	↑ f	↑ f	↑ f	↔	↔	↔
Topiramate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Valproate semisodium (divalproex sodium)	↔	↔	↔	↔	↓ l	↓ l	↔	↔	↔	↔
Vigabatrin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zonisamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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 decreased exposure of the anticonvulsant

↔ No significant effect

⇑ Potential increased exposure of HCV DAA

⇓ Potential decreased exposure of HCV DAA

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

a Coadministration is contraindicated. However, a published case series demonstrates that clinical cure (guided by TDM) may be achieved in patients where coadministration cannot be avoided.

b Coadministration is not recommended. However, reports indicate that patients who remained on anti-epileptics during HCV DAA therapy achieved SVR. TDM should be considered.

c Glecaprevir AUC decreased by 66%; pibrentasvir AUC decreased by 51%.

d Coadministration with ombitasvir/paritaprevir/ritonavir + dasabuvir decreased the AUCs of ombitasvir, paritaprevir and dasabuvir by 31%, 70% and 70%, respectively.

e Coadministration decreased sofosbuvir C_{max} and AUC by 48%. C_{max} of GS-331007 increased by 4%; AUC decreased by 1%.

f Close monitoring is recommended for signs and symptoms of increased antiepileptic concentration.

g If coadministration is necessary, the dose of daclatasvir should be increased to 90 mg once daily.

h Coadministration with ombitasvir/paritaprevir/ritonavir + dasabuvir increased diazepam C_{max} by 18%, but decreased AUC by 22%; nordiazepam C_{max} increased by 10%, but AUC decreased by 40%. Monitor closely and adjust dose if indicated.

i Use with caution and at the lowest possible dose.

j Coadministration should take place under close clinical monitoring with medical management in case of respiratory depression. Dose reduction should be considered.

k Monitor the usual clinical parameters closely for increased side effects and concentrations.

l The clinical significance of this is unclear. No a priori dose adjustment is required. Perform therapeutic drug monitoring and adjust dose if indicated.

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

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