

DAA's and Recreational Drugs

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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
Buprenorphine	↔	↔	↔	↑	↔	↔	↔	↔	↑	↑
Naloxone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Stimulants										
Amphetamine	↔	↔	↔	↔	↑ ^a	↑ ^a	↔	↔	↔	↔
Cocaine	↔	↔	↔	↔	↑ ^b	↑ ^b	↔	↔	↔	↔
Ecstasy (MDMA)	↔	↔	↔	↔	↔ ^c	↔ ^c	↔	↔	↔	↔
Mephedrone	↔	↔	↔	↔	↔ ^d	↔ ^d	↔	↔	↔	↔
Methamphetamine	↔	↔	↔	↔	↔ ^a	↔ ^a	↔	↔	↔	↔
Depressants										
Alprazolam	↔	↔	↔	↔	↑	↑ 34%	↑	↔	↔	↔
Codeine	↔	↔	↔	↔	↑ ^e	↑ ^e	↑	↔	↔	↔
Carfentanil	↔ ^f	↑	↑	↔ ^f	↑	↑	↔ ^f	↔ ^f	↔ ^f	↔ ^f
Diazepam	↔	↔	↔	↔	↓	↓ 22%	↑	↔	↔	↔
Fentanyl	↔	↑ ^g	↑ ^g	↔	↑ ^g	↑ ^g	↑ ^g	↔	↔	↔
GHB (Gamma-hydroxybutyrate)	↔	↔ ^h	↔ ^h	↔	↑	↑	↑	↔	↔	↔
Heroin (Diamorphine)	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Hydrocodone	↔	↔	↑	↔	↑	↑	↑↓ ⁱ	↔	↔	↔
Hydromorphone	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Ketamine	↔	↔	↔	↔	↑ ^j	↑ ^j	↑ ^j	↔	↔	↔
Methadone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Midazolam (oral)	↔	↑ ^k	↔	↔ ^l	↑	↑	↑ 45%	↔	↔	↔
Morphine	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Oxycodone	↔	↑	↑	↔	↑	↑	↑	↔	↔	↔
Pethidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Temazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Triazolam	↔	↔	↔	↔	↑	↑	↑	↔	↔	↔
Hallucinogen										
Cannabis	↔	↔	↔	↔	↑ ^m	↑ ^m	↔	↔	↔	↔
LSD (Lysergic acid diethylamide)	↔	↔	↔	↔	↑ ⁿ	↑ ⁿ	↔	↔	↔	↔
Phencyclidine (PCP, angel dust)	↔	↔	↔	↔	↑ ^o	↑ ^o	↑ ^o	↔	↔	↔

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 recreational drug
- ↓ Potential decreased exposure of the recreational drug
- ↔ 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 Caution is advised as dosing of recreational drugs can be variable.
- b Significance of any potential increase is unknown. Ensure the patient is aware of signs/symptoms of cocaine toxicity (tremor, seizures, anxiety, headache, increased body temperature).
- c Caution is advised as there have been fatalities reported in subjects taking ritonavir-boosted HIV protease inhibitors and ecstasy. Ensure patient is aware of signs/symptoms of ecstasy toxicity (increased body temperature, dehydration, dry mouth, tense jaw, teeth grinding).
- d Caution is advised as dosing of recreational drugs can be variable. Ensure the patient is aware of signs/symptoms of mephedrone toxicity (i.e., agitation, tachycardia, hypertension).
- e Potential opiate withdrawal and reduction of analgesic efficacy due to inhibition of conversion of codeine to morphine.
- f A pharmacokinetic interaction is unlikely, however, multiple deaths have resulted from carfentanil use. Advise patients to avoid.
- g Recreational use should be avoided as serious, life-threatening, or fatal respiratory depression may occur. Patients should be aware that recreational use could be potentially fatal.
- h Caution is warranted with GHB due to its narrow therapeutic index. Ensure the patient is aware of signs/symptoms of GHB toxicity (myoclonic or seizure activity, bradycardia, respiratory depression, loss of consciousness).
- i Coadministration may increase hydrocodone concentrations but decrease concentrations of norhydrocodone, both of which have analgesic effects. The clinical significance of this is unclear. Close monitoring of the analgesic effect and for signs of opiate toxicity is recommended.
- j Ensure the patient is aware of signs of ketamine toxicity such as respiratory depression, loss of consciousness, hallucinations.
- k The European Summary of Product Characteristics for elbasvir/grazoprevir (but not the US Prescribing Information) states that no dose adjustment is required.
- l A pharmacokinetic interaction is unlikely, however, caution is warranted with oral midazolam due to its narrow therapeutic index.
- m Coadministration may increase concentrations of THC (the psychoactive component of cannabis). The patient should be made aware of potential increased side effects.
- n Coadministration could potentially increase LSD concentrations. Ensure the patient is aware of signs/symptoms of LSD toxicity (i.e. hallucinations, agitation, psychosis, flashbacks).
- o Ensure the patient is aware of signs/symptoms of PCP toxicity (seizure, hypertension, increased body temperature).

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