

# DAAs and Recreational Drugs

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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
Alprazolam	↔	↔	↔	↔	↑	↑ 34%	↑	↔	↔	↔
Amphetamine	↔	↔	↔	↔	↑ <sup>a</sup>	↑ <sup>a</sup>	↔	↔	↔	↔
Buprenorphine	↔	↔	↔	↔	↑ 51%	↑ 107%	↔	↔	↔	↔
Cannabis	↔	↔	↔	↔	↑ <sup>b</sup>	↑ <sup>b</sup>	↔	↔	↔	↔
Carfentanil	↔ <sup>c</sup>	↑	↑	↔ <sup>c</sup>	↑	↑	↑	↔ <sup>c</sup>	↔ <sup>c</sup>	↔ <sup>c</sup>
Cocaine	↔	↔	↔	↔	↑ <sup>d</sup>	↑ <sup>d</sup>	↔	↔	↔	↔
Codeine	↔	↔	↔	↔	↑ <sup>e</sup>	↑ <sup>e</sup>	↑	↔	↔	↔
Diazepam	↔	↔	↔	↔	↓	↓ 22%	↑	↔	↔	↔
Ecstasy (MDMA)	↔	↔	↔	↔	↔ <sup>f</sup>	↔ <sup>f</sup>	↔	↔	↔	↔
Fentanyl (Recreational)	↔	↑ <sup>g</sup>	↑ <sup>h</sup>	↔	↑ <sup>g</sup>	↑ <sup>g</sup>	↑ <sup>g</sup>	↔	↔	↔
GHB (Gamma-hydroxybutyrate)	↔	↔ <sup>i</sup>	↔ <sup>i</sup>	↔	↑	↑	↑	↔	↔	↔
Heroin (Diamorphine)	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Hydrocodone	↔	↔	↑	↔	↑	↑	↑↓ <sup>j</sup>	↔	↔	↔
Hydromorphone	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Ketamine	↔	↔	↔	↔	↑ <sup>k</sup>	↑ <sup>k</sup>	↑ <sup>k</sup>	↔	↔	↔
LSD (Lysergic acid diethylamide)	↔	↔	↔	↔	↑ <sup>l</sup>	↑ <sup>l</sup>	↔	↔	↔	↔
Mephedrone	↔	↔	↔	↔	↔ <sup>m</sup>	↔ <sup>m</sup>	↔	↔	↔	↔
Methadone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methamphetamine	↔	↔	↔	↔	↔ <sup>a</sup>	↔ <sup>a</sup>	↔	↔	↔	↔
Midazolam (oral)	↔	↑ <sup>n</sup>	↔	↔	↑	↑	↑ 45%	↔	↔	↔
Morphine	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Naloxone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oxycodone	↔	↑	↑	↔	↑	↑	↑	↔	↔	↔
Pethidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phencyclidine (PCP, angel dust)	↔	↔	↔	↔	↑ <sup>o</sup>	↑ <sup>o</sup>	↑ <sup>o</sup>	↔	↔	↔
Temazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Triazolam	↔	↔	↔	↔	↑	↑	↑	↔	↔	↔

### 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 Coadministration may increase concentrations of THC (the psychoactive component of cannabis). The patient should be made aware of potential increased side effects.
- c A pharmacokinetic interaction is unlikely, however, multiple deaths have resulted from carfentanil use. Advise patients to avoid.
- d 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).
- e Potential opiate withdrawal and reduction of analgesic efficacy due to inhibition of conversion of codeine to morphine.
- f 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).
- 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 Patients should be advised to look out for increased adverse effects, such as sedation and respiratory depression.
- i 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).
- j 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.
- k Ensure the patient is aware of signs of ketamine toxicity such as respiratory depression, loss of consciousness, hallucinations.
- l Coadministration could potentially increase LSD concentrations. Ensure the patient is aware of signs/symptoms of LSD toxicity (i.e. hallucinations, agitation, psychosis, flashbacks).
- m 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).
- n The European Summary of Product Characteristics for elbasvir/grazoprevir (but not the US Prescribing Information) states that no dose adjustment is required.
- o Ensure the patient is aware of signs/symptoms of PCP toxicity (seizure, hypertension, increased body temperature).

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