UNIVERSITY OF LIVERPOOL

DAAs and Recreational Drugs

Charts updated January 2026 — *Full information available at www.hep-druginteractions.org*

For personal use only. Not for distribution. For personal use only. Not for distribution. For personal use only. Not for distribution. For personal use only. Not for distribution.

	DCV	ELB/GZR	G/P	LED/SOF	OBV/PTV/r	OBV/PTV/r +DSV	RDV	SOF	SOF/VEL	SOF/VEL/VOX
Alprazolam	↔	↔	↔	↔	↑	↑ 34%	↔	↔	↔	↔
Amphetamine	↔	↔	↔	↔	↑ [a]	↑ [a]	↔	↔	↔	↔
Bromazolam	↔	↔	↔	↔	↑ [b]	↑ [b]	↔	↔	↔	↔
Buprenorphine	↔	↔	↔	↔	↑ 51%	↑ 107%	↔	↔	↔	↔
Cannabis	↔	↔	↔	↔	↑ [c]	↑ [c]	↔	↔	↔	↔
Carfentanil	↔ [d]	↑	↑	↔ [d]	↑	↑	↔ [d]	↔ [d]	↔ [d]	↔ [d]
Cocaine	↔	↔	↔	↔	↑ [e]	↑ [e]	↔	↔	↔	↔
Codeine	↔	↔	↔	↔	↓ [f]	↓ [f]	↔	↔	↔	↔
Diazepam	↔	↔	↔	↔	↓	↓ 22%	↔	↔	↔	↔
Ecstasy (MDMA)	↔	↔	↔	↔	↔ [g]	↔ [g]	↔	↔	↔	↔
Etizolam	↔	↑ [b]	↑ [b]	↔	↑ [b]	↑ [b]	↔	↔	↔	↔
Fentanyl (Recreational)	↔	↑ [b]	↑ [b]	↔	↑ [h]	↑ [h]	↔	↔	↔	↔
GHB (Gamma-hydroxybutyrate)	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Heroin (Diamorphine)	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Hydrocodone	↔	↔	↑	↔	↑	↑	↔	↔	↔	↔
Hydromorphone	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Ketamine	↔	↔	↔	↔	↑ [i]	↑ [i]	↔	↔	↔	↔
LSD (Lysergic acid diethylamide)	↔	↔	↔	↔	↑ [j]	↑ [j]	↔	↔	↔	↔
Mephedrone	↔	↔	↔	↔	↔ [k]	↔ [k]	↔	↔	↔	↔
Methadone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methamphetamine	↔	↔	↔	↔	↔ [a]	↔ [a]	↔	↔	↔	↔
Midazolam (oral)	↔	↑	↔	↔	↑	↑	↔	↔	↔	↔
Morphine	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Naloxone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nitazenes	↔	↑ [b]	↑ [b]	↑ [b]	↑	↑	↑ [b]	↔	↔	↔
Oxycodone	↔	↑	↑	↔	↑	↑	↔	↔	↔	↔
Pethidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phencyclidine (PCP, angel dust)	↔	↔	↔	↔	↑ [l]	↑ [l]	↔	↔	↔	↔
Temazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Triazolam	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Xylazine	⇑	↑⇑	↑⇑	↔	↑	↑	↔	↔	↔	↔

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.

Using a saved or printed version? Click or scan to check for updates.

a Caution is advised as dosing of recreational drugs can be variable.
b Patients should be advised to look out for increased adverse effects, such as sedation and respiratory depression.
c Coadministration may increase concentrations of THC (the psychoactive component of cannabis). The patient should be made aware of potential increased side effects.
d A pharmacokinetic interaction is unlikely; however, multiple deaths have resulted from carfentanil use. Advise patients to avoid.
e 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).
f Potential opiate withdrawal and reduction of analgesic efficacy due to inhibition of conversion of codeine to morphine. Codeine levels may increase.
g 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).
h 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.
i Ensure the patient is aware of signs of ketamine toxicity such as respiratory depression, loss of consciousness, hallucinations.
j Coadministration could potentially increase LSD concentrations. Ensure the patient is aware of signs/symptoms of LSD toxicity (i.e. hallucinations, agitation, psychosis, flashbacks).
k 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).
l 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; RVD Ravidasvir; SOF Sofosbuvir; VEL Velpatasvir; VOX Voxilaprevir

© Liverpool Drug Interactions Group, University of Liverpool, 3rd Floor William Henry Duncan Building, 6 West Derby Street, LIVERPOOL, L7 8TX

We aim to ensure that information is accurate and consistent with current knowledge and practice. However, the University of Liverpool and its servants or agents shall not be responsible or in any way liable for the continued currency of information in this publication whether arising from negligence or otherwise howsoever or for any consequences arising therefrom. The University of Liverpool expressly exclude liability for errors, omissions or inaccuracies to the fullest extent permitted by law.