

Antipsychotics/Neuroleptics Treatment Selector

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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 | RDV | SOF | SOF/VEL | SOF/VEL/VOX |
|------------------|-----|----------------|----------------|---------|----------------|----------------|-----|-----|---------|-------------|
| Amisulpride | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ |
| Aripiprazole | ↔ | ↑ | ↑ | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ |
| Asenapine | ↔ | ↔ | ↔ | ↔ | ↓ | ↓ | ↔ | ↔ | ↔ | ↔ |
| Chlorpromazine | ↔ | ↔ | ↔ | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ |
| Chlorprothixene | ↔ | ↔ | ↔ | ↔ | ↑ ^a | ↑ ^a | ↔ | ↔ | ↔ | ↔ |
| Clozapine | ↔ | ↔ | ↑ ^b | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ |
| Flupentixol | ↔ | ↔ | ↔ | ↔ | ↑ ^c | ↑ ^c | ↔ | ↔ | ↔ | ↔ |
| Fluphenazine | ↔ | ↔ | ↔ | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ |
| Haloperidol | ↔ | ↔ | ↔ | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ |
| Iloperidone | ↔ | ↔ | ↔ | ↔ | ↑ ^d | ↑ ^d | ↔ | ↔ | ↔ | ↔ |
| Levomepromazine | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ |
| Lurasidone | ↔ | ↑ | ↑ | ↔ | ↑ | ↑ | ↑ | ↔ | ↔ | ↔ |
| Olanzapine | ↔ | ↔ | ↔ | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ |
| Paliperidone | ↑ | ↔ | ↑ | ↑ | ↑ | ↑ | ↔ | ↔ | ↑ | ↑ |
| Perazine | ↔ | ↔ | ↔ | ↔ | ↑ ^e | ↑ ^e | ↔ | ↔ | ↔ | ↔ |
| Pericyazine | ↔ | ↔ | ↔ | ↔ | ↑ ^f | ↑ ^f | ↔ | ↔ | ↔ | ↔ |
| Perphenazine | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ |
| Pimozide | ↔ | ↑ | ↑ | ↑ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ |
| Pipotiazine | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ |
| Prochlorperazine | ↔ | ↔ | ↔ | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ |
| Quetiapine | ↔ | ↑ ^g | ↑ ^g | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ |
| Risperidone | ↑ | ↔ | ↑ | ↑ | ↑ | ↑ | ↔ | ↔ | ↑ | ↑ |
| Sulpiride | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ |
| Tiapride | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ |
| Trifluoperazine | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ |
| Ziprasidone | ↔ | ↔ | ↔ | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ |
| Zuclophenthixol | ↔ | ↔ | ↔ | ↔ | ↑ | ↑ | ↔ | ↔ | ↔ | ↔ |

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 antipsychotic/neuroleptic ↑ Potential increased exposure of HCV DAA
- ↓ Potential decreased exposure of the antipsychotic/neuroleptic ↓ Potential decreased exposure of HCV DAA
- ↔ No significant effect

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

- a Caution is advised, as only a modest increase in chlorprothixene may prolong QT.
- b Interaction is not deemed significant in labels, but monitoring is advised as clozapine is associated with significant toxicities.
- c A dose decrease of flupentixol should be considered.
- d A dose reduction of ~50% of Iloperidone is advised.
- e ECG monitoring is recommended; cardiac conduction abnormalities have been noted with perazine.
- f Clinical monitoring is advised, as pericyazine can prolong QT.
- g Quetiapine has a narrow therapeutic index; monitor for toxicity and consider TDM and ECG monitoring.

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