

DAAs and Recreational Drugs

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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
Alprazolam	↔	↔	↔	↔	↑	↑ 34%	↔	↔	↔	↔
Amphetamine	↔	↔	↔	↔	↑ ^a	↑ ^a	↔	↔	↔	↔
Buprenorphine	↔	↔	↔	↔	↑ 51%	↑ 107%	↔	↔	↔	↔
Cannabis	↔	↔	↔	↔	↑ ^b	↑ ^b	↔	↔	↔	↔
Carfentanil	↔ ^c	↑	↑	↔ ^c	↑	↑	↔	↔ ^c	↔ ^c	↔ ^c
Cocaine	↔	↔	↔	↔	↑ ^d	↑ ^d	↔	↔	↔	↔
Codeine	↔	↔	↔	↔	↓ ^e	↓ ^e	↔	↔	↔	↔
Diazepam	↔	↔	↔	↔	↓	↓ 22%	↔	↔	↔	↔
Ecstasy (MDMA)	↔	↔	↔	↔	↔ ^f	↔ ^f	↔	↔	↔	↔
Etizolam	↔	↑ ^g	↑ ^g	↔	↑ ^g	↑ ^g	↔	↔	↔	↔
Fentanyl (Recreational)	↔	↑ ^h	↑ ^h	↔	↑ ⁱ	↑ ⁱ	↔	↔	↔	↔
GHB (Gamma-hydroxybutyrate)	↔	↔ ^j	↔ ^j	↔	↑	↑	↔	↔	↔	↔
Heroin (Diamorphine)	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Hydrocodone	↔	↔	↑	↔	↑	↑	↔	↔	↔	↔
Hydromorphone	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Ketamine	↔	↔	↔	↔	↑ ^k	↑ ^k	↔	↔	↔	↔
LSD (Lysergic acid diethylamide)	↔	↔	↔	↔	↑ ^l	↑ ^l	↔	↔	↔	↔
Mephedrone	↔	↔	↔	↔	↔ ^m	↔ ^m	↔	↔	↔	↔
Methadone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methamphetamine	↔	↔	↔	↔	↔ ^a	↔ ^a	↔	↔	↔	↔
Midazolam (oral)	↔	↑ ⁿ	↔	↔	↑	↑	↔	↔	↔	↔
Morphine	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
Naloxone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oxycodone	↔	↑	↑	↔	↑	↑	↔	↔	↔	↔
Pethidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phencyclidine (PCP, angel dust)	↔	↔	↔	↔	↑ ^o	↑ ^o	↔	↔	↔	↔
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. Codeine levels may increase.
- 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 Monitor patient for signs and symptoms of benzodiazepine side effects including respiratory depression.
- h Patients should be advised to look out for increased adverse effects, such as sedation and respiratory depression.
- i 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.
- j 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).
- 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, RVD Ravidasvir, ELB/GZR Elbasvir/Grazoprevir, SOF Sofosbuvir, G/P Glecaprevir/Pibrentasvir, VEL Velpatasvir, LED Ledipasvir, VOX Voxilaprevir, OBV/PTV/r +DSV Ombitasvir/Paritaprevir/Ritonavir +Dasabuvir