

Interaction Report from www.hep-druginteractions.org

Report ID: Sertraline

Date Produced: 18 September 2015

| Anti-hepatitis Treatment | Co-medications |
|---------------------------|----------------|
| Daclatasvir Sofosbuvir | Sertraline |

This report lists the potentially clinically significant interactions (i.e. "red" and "amber" classifications) for the drugs in the table above. Interactions with a "green" classification (i.e. no clinically significant interaction expected) have been checked but are not shown on this report.

For full details of all interactions, see www.hep-druginteractions.org.

Description of the interactions

Potential interaction – may require close monitoring, alteration of drug dosage or timing of administration (AMBER)

- **Daclatasvir and Sertraline:** Coadministration has not been studied. Sertraline is metabolised by CYP2B6 (major) and CYP3A4, CYP2C9/19 and CYP2D6. Daclatasvir has no effect on CYP2C9/19 or CYP2D6 and is only a mild inducer of CYP3A4 so a pharmacokinetic interaction is unlikely at clinically relevant concentrations. A clinically significant effect on daclatasvir exposure is unlikely. However, use with caution in patients with hepatic impairment when a lower or less frequent dose may be required. Sertraline should not be used in patients with severe hepatic impairment.
- **Sofosbuvir and Sertraline:** Coadministration has not been studied but based on metabolism and clearance a clinically significant interaction is unlikely. Sertraline is metabolised by CYP2B6 (major), CYP3A4, CYP2C9/19 and CYP2D6; these metabolic pathways are not affected by sofosbuvir. Sofosbuvir is a prodrug and formation of its active metabolite is unlikely to be affected by comedications. However, use with caution in patients with hepatic impairment when a lower or less frequent dose may be required. Sertraline should not be used in patients with severe hepatic impairment.

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