	Interaction Report	
Report ID: Date Produced:	Barry-Meds-Interactions 20 August 2019	
Hepatitis Treatment	Co-medications	
Glecaprevir/Pibrentasvir	Methylphenidate	
Sofosbuvir	Orphenadrine	
	Quetiapine	
	Salbutamol	
	Venlafaxine	

Interactions with a "green" or "grey" classification (i.e. no clinically significant interaction or no clear data) have been checked and are listed at the end of this report, but summaries are not shown. Please note that some co-medications with a green classification may require dose adjustment due to hepatic impairment.

For full details of all interactions, see <u>www.hep-druginteractions.org</u>.

Description of the interactions

Potential clinically significant interaction - likely to require additional monitoring, alteration of drug dosage or timing of administration (AMBER)

Glecaprevir/Pibrentasvir + Quetiapine

Coadministration with quetiapine does not preclude the use of glecaprevir/pibrentasvir. Quetiapine is metabolised by CYP3A4 and in vitro is a substrate of P-gp. Concentrations of quetiapine may increase as glecaprevir/pibrentasvir is a weak inhibitor of CYP3A4 and P-gp (27% increase in AUC with probe 3A4 substrate midazolam; 45% increase in AUC of tacrolimus).Whilst unlikely to be clinically significant in most patients (a recent study having looked at the efficacy and safety of G/P in patients with chronic HCV and psychiatric disorders), caution is advised when using higher doses of quetiapine (e.g. over 400mg/day), or with liver impairment, the elderly, patients with cardiac conduction abnormalities or other drugs known to prolong QT interval. Concomitant administration of cytochrome P450 3A4 inhibitors, such as HIV-protease inhibitors, azole-antifungal agents, erythromycin, clarithromycin and nefazodone, is contraindicated in the European label for quetiapine.

No clinically significant interaction expected (GREEN)

Sofosbuvir + Methylphenidate

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