

	MDMA	LSD	Psilocybin
Formulation	Capsule	Drinking solution	Capsule
Dose strengths	25 mg	10, 25, 100 µg (base-equivalent)	5 mg Psilocybin (psilocybin dihydrate)
Active	3,4-Methylenedioxyamphetamine · hydrochloride (MDMA · HCl)	d-Lysergic acid diethylamide (LSD) d-tartrate	psilocybin dihydrate
Dose range	75-200 mg	75-250 µg, microdosing: 5-15 µg	15-40 mg
Typical dose	100-125 mg	100 µg, microdose 10 µg	20-25 mg
Storage condition	Room temperature (15 – 25°C), kept away from direct sunlight or any other sources of light, storage area should be dry, free from moisture.	Cold (2-8°C), kept away from direct sunlight or any other sources of light.	Cold (2-8°C), kept away from direct sunlight or any other sources of light.
Booster dose	50 mg after 2h	NA	NA
Form	-MDMA hydrochloride 25 mg per capsule -dosing of MDMA in the literature is as MDMA hydrochloride	-dose is LSD base equivalent contained in the salt as LSD-tartrate (1:1) in water with 20% ethanol -146 µg LSD tartrate = 100 µg LSD base -dosing of LSD in the literature may be as free base, LSD tartrate (1:1) or LSD hemi-tartrate (2:1)	- psilocybin dihydrate contains 89% psilocybin -dosing of psilocybin in the literature is as psilocybin dihydrate
Body weight	Dosing dependent on body weight: <ul style="list-style-type: none"> • 100 mg < 60 kg • 125 mg >60 kg 	Weight-independent dosing	Weight-independent dosing

Sex	Dosing dependent on sex: <ul style="list-style-type: none"> women: 100 mg men: 125 mg or use weight adjustment) 	No adjustment by sex	No adjustment by sex
Age	Adjust in elderly persons: <ul style="list-style-type: none"> > 75 yr: 100 mg 	No adjustment to age	No adjustment to age
2D6 poor metabolizer / strong CYP2D6 inhibitor	Reduce dose by 0-25%	Reduce dose by 0-25%	NA
Problems urinating	Tamsulosin on treatment day, NA	Tamsulosin on treatment day, NA	Tamsulosin on treatment day, NA
Problems sleeping before session	Benzodiazepine/analogues, daridorexant, diphenhydramine	Benzodiazepine/analogues, daridorexant, diphenhydramine	Benzodiazepine/analogues, daridorexant, diphenhydramine
Nausea, Vomiting	Domperidone (e.g. Motilium® 10mg max. 30mg / 24h), AVOID metoclopramide	Domperidone (Motilium®), AVOID metoclopramide	Domperidone (Motilium®), AVOID metoclopramide
Migraine	<ol style="list-style-type: none"> Domperidone, Coffee, Paracetamol, NSAR Triptan (if 1 is not working) 	<ol style="list-style-type: none"> Domperidone, Coffee, Paracetamol, NSAR Triptan (if 1 is not working) 	<ol style="list-style-type: none"> Domperidone, Coffee, Paracetamol, NSAR Triptan (if 1 is not working)
SSRIs, SNRIs	- Pause for 4 elimination half-lives; 5-7 days for most SSRIs, 2 weeks for fluoxetine (otherwise reduced effect of MDMA but no adverse effects)	-Maintain, optional on treatment day, NA	- Maintain, optional on treatment day
Mirtazapine	Maintain	Pause 5-7 days before, NA	Pause 5-7 days before, NA
Trazodone	Maintain	Pause 1-2 days, NA	Pause 1-2 days, NA

Bupropion	-Maintain, reduces cardiostimulation and prolongs effect of MDMA (bupropion is inhibiting CYP2D6) -Consider MDMA dose reduction (see above)	-Maintain, NA -Consider LSD dose reduction since bupropion also acts as a CYP2D6 inhibitor (see above, NA)	Maintain, NA
MAOI	Stop 14 days before	NA	NA
Lithium	maintain or pause 3-7 days, NA	-maintain or pause 3-7 days, NA -possibly increased risk of seizures	-maintain or pause 3-7 days, NA -possibly increased risk of seizures
Antipsychotics	May pause 2-5 days in particular D2 antagonists	Pause at least 7 days (reduced effect)	Pause at least 7 days (reduced overall effect but potentially more anxiety/bad drug effects with D2 antagonists)
Pregabalin	Maintain, NA	Maintain, NA	Maintain, NA
Antiepileptics	Maintain, NA	Maintain, NA	Maintain, NA
Opioids	Maintain	Maintain	Maintain
Benzodiazepines	Maintain, if possible reduce dose	Maintain, if possible reduce dose	Maintain, if possible reduce dose
Disulfiram	Pause for 3 days	Pause for 3 days	Pause for 3 days
Naltrexone	Pause for 1-3 days	Pause for 1-3 days	Pause for 1-3 days
Methylphenidate	Pause on treatment day	Pause on treatment day	Pause on treatment day
(Lis)dexamphetamine	Pause on treatment day	Pause on treatment day	Pause on treatment day
Antihypertensives	Maintain, pause betablocker on session day	maintain	maintain

Abbreviations: NA: Not applicable, CYP2D6: Cytochrom P450 2D6

Further interactions :

Cannabis, not known, possible no relevant interactions, not immediately before and during treatment. Fluoxetine, long half-life needing pausing up to 2-3 weeks, pause or change to bupropion. Pramipexol, no data, possibly no interactions, pause on treatment day. Pregabalin, pause on treatment day morning, perhaps also on eve of treatment day due to half-life of 6h. Co-Amoxicillin, possibly no problem. Pantoprazol, possibly no problem. Bupropion, keep on, pause on treatment day optional. Metoclopramid, avoid with MDMA and psychedelics. Domperidon, can be used but possibly not very effective. Antiepileptics, not known, possibly a generally slightly increased risk of seizures with psychedelics and MDMA, possibly best to keep antiepileptics also on treatment day or give in the evening. Problems urinating (Harnverhalt) with MDMA, not known, could try alpha1blocker such as tamsulosin (pradiv) before session. Antitussives (Makatussin) containing sedating substances such as diphenhydramine/dihydrocodeine, not known, no relevant interaction expected. Avoid dextromethorphan before/during sessions due to its serotonergic properties/2D6 inhibition.

Contact: matthias.liechti@usb.ch