

Medication/Class	Main Concern with Psilocybin	Placement
Lithium (within the last 30 days)	Highest concern; reported association with seizures and delirium when combined with classic psychedelics	Tier 4
MAOIs	Potential to potentiate serotonergic effects and complicate adverse-event management	Tier 4
Stimulant use (e.g. amphetamines, cocaineine) within the last 5 days	Increased cardiovascular risk during psilocybin administration	Tier 4
Atypical Antipsychotics	Likely block psychedelic effects through 5-HT2A receptor antagonism	Tier 2
SSRI/SNRIs	May blunt psychedelic effects.	Tier 2
TCA's	Potential serotonergic caution, interaction risk is limited	Tier 2
Trazodone, Vilazodone, Vortioxetine, Mirtazepine & Buspirone other serotonergic antidepressants	Possible attenuation of psychedelic effects; serotonergic interaction concerns.	Tier 2
Benzodiazepines	Dampen the acute experience and may reduce therapeutic utility	Tier 2
Cannabis	May potentiate serotonergic effects	Tier 2
GLP-1s (e.g. Semaglutide, Tirzepatide) within two weeks of administration	Potential to significantly delay onset. If additional dosing is provided due to delay the potential for over dosing is substantial.	Tier 2
Lamotrigine	May block psychedelic effect	Tier 2