

### MANAGEMENT OF PAXLOVID ESTABLISHED DRUG INTERACTIONS

A medication interaction in patients with COVID-19 at high-risk for progression to severe disease patients should not preclude Paxlovid use. Mitigation strategies include:

- Adjusting the dose of the concomitant medication (adjust duration = 8 days)
- Using an alternative to the concomitant medication (alternative duration = 8 days)
- Increasing monitoring for potential adverse reactions to the concomitant medication, *or*
- Temporarily hold the concomitant medication (hold duration = 8 days)

Use the chosen strategies for the 5-day duration of Paxlovid and for at least 3 days after treatment completion (8 days total).

This list is NOT all inclusive. Interactions can be checked more completely utilizing the below resources:

- [Statement on PAXLOVID Drug-Drug Interactions | COVID-19 Treatment Guidelines \(nih.gov\)](#)
- [FACT SHEET FOR HEALTHCARE PROVIDERS: EMERGENCY USE AUTHORIZATION FOR PAXLOVID \(fda.gov\)](#)
- [Liverpool COVID-19 Interactions \(covid19-druginteractions.org\)](#)

Drug class	Drugs within Class	Clinical Management
Aldosterone Receptor Antagonist	eplerenone (Inspra) finerenone (Kerendia)	Do NOT prescribe PAXLOVID
Alpha 1-antagonist	alfuzosin (Uroxatral) silodosin (Rapaflo)	HOLD during course. Do NOT prescribe PAXLOVID if unable to hold
	tamsulosin (Flomax)	Reduce to a maximum of 0.4 mg daily with BP monitoring, or HOLD
Analgesics	piroxicam (Feldene) propoxyphene (Darvon)	HOLD during course. Do NOT prescribe PAXLOVID if unable to hold
Antianginal	ranolazine (Ranexa)	Do NOT prescribe PAXLOVID
Antiarrhythmics	amiodarone (Pacerone) disopyramide (Norpace) dofetilide (Tikosyn) dronedaronone (Multaq) flecainide (Tambocor) lidocaine (Xylocaine) <i>systemic</i> mexiletine (Mexitil) propafenone (Rythmol) quinidine (Quinidex)	Do NOT prescribe PAXLOVID
Anticancer / Antineoplastic	apalutamide (Erleada) abemaciclib (Verzenios) dasatinib (Sprycel) enzalutamide (Xtandi) ibrutinib (Imbruvica) ivosidenib (Tibsovo) neratinib (Nerlynx) nilotinib (Tasigna) nintedanib (Ofev) venetoclax (Venclexta) vinblastine (Velban) vincristine (Oncovin)	Do NOT prescribe PAXLOVID

Drug class	Drugs within Class	Clinical Management
	ceritinib (Zykadia) encorafenib (Braftovi)	If necessary, consult with oncologist/pharmacist for dose reduction
Anticoagulant	apixaban (Eliquis)	If risk-benefit favors PAXLOVID, 2.5 mg BID may be considered. Increased risk of bleeding. If unable to decrease dose, Do NOT prescribe PAXLOVID
	dabigatran	if risk-benefit favors PAXLOVID, consider dose reduction based on indication and renal function. Increased risk of bleeding.
	edoxaban (Savaysa)	If risk-benefit favors PAXLOVID, 30 mg BID may be considered. Increased risk of bleeding. If unable to decrease dose, Do NOT prescribe PAXLOVID
	rivaroxaban (Xarelto)	If risk-benefit favors PAXLOVID, HOLD rivaroxaban during course. Do NOT prescribe PAXLOVID if unable to hold
	warfarin (coumadin)	Closely monitor INR. Consider INR check on day #2 if high-risk
Anticonvulsants	carbamazepine (Tegretol) phenobarbital (Solfoton) phenytoin (Dilantin) primidone (Mysoline)	Do NOT prescribe PAXLOVID
Antidepressants	bupropion (Wellbutrin)	Ok to prescribe. Patient may have less effect from bupropion
	trazodone (Desyrel)	Consider 50% dose decrease if at risk for falls
Antifungal	isavuconazonium (Cresemba) itraconazole (Sporanox) ketoconazole (Nizoral) voriconazole (Vfend)	Do NOT prescribe PAXLOVID
Anti-gout	colchicine (Colcrys)	Daily use: Do NOT prescribe PAXLOVID As needed: HOLD colchicine during course
Anti-HIV / Antiretrovirals (including protease inhibitors)	All antiretrovirals	Evaluate risk-benefit. No dose adjustment necessary. Monitor for ↑ adverse effects * ritonavir or cobicistat <i>boosted</i> regimens can continue unchanged * see <a href="#">IDSA/HIVMA</a> brief
Anti-infective	clarithromycin (Biaxin) erythromycin (Ilotycin)	Clarithromycin: do not exceed 1 g per day Erythromycin: use with caution, risk for QT prolongation
Antimycobacterial	rifampin (Rifadin) bedaquiline (Sirturo) rifabutin (Mycobutin) rifapentine (Priftin)	Do NOT prescribe PAXLOVID
Antiplatelets	clopidogrel (Plavix)	Decreased clopidogrel levels/effectiveness Within 6 weeks of stenting or high CV event risk: Do NOT prescribe PAXLOVID. Can consider changing to prasugrel For other indications: no change

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	ticagrelor (Brilinta)	Do NOT prescribe PAXLOVID. Can consider prasugrel.
	cilostazol (Pletal)	Reduce dose to 50 mg twice daily
	vorapaxar (Zontivity)	Do NOT prescribe PAXLOVID
Antipsychotics	clozapine (Clozaril) lumateperone (Caplyta) lurasidone (Latuda) pimavanserin (Nuplazid) pimozide (Orap)	Do NOT prescribe PAXLOVID
	brexpiprazole (Rexulti) quetiapine (Seroquel)	Reduce dose by 50% and monitor for adverse reactions. Consider further reduction for doses > 200 mg
Benzodiazepines	alprazolam (Xanax) clonazepam (Klonopin) diazepam (Valium)	Consider dose reduction by 50% and monitor for excess sedation
	triazolam (Halcion) midazolam (Versed)	HOLD or change to lorazepam. Do NOT prescribe PAXLOVID if unable to hold, or change.
Calcium Channel Blockers	amlodipine (Norvasc) diltiazem (Cardizem) felodipine (Plendil) nicardipine (Cardene) nifedipine (Procardia) verapamil (Calan; Verelan)	Monitor Blood pressure. Reduce CCB dose if BP decreases or increased side effects such as bradycardia, hypotension, or dizziness. Could consider an empiric dose reduction.
Cardiac Glycosides	digoxin (Lanoxin)	Do NOT prescribe PAXLOVID
Corticosteroid	high dose systemic corticosteroid	*Any inhaled or topical can be continued with Paxlovid Increased risk for Cushing's syndrome and adrenal suppression. Consider dose reduction. Consider beclomethasone or prednisolone if initiating concurrent therapy
Endothelin Receptor Antagonists	bosentan (Tracleer)	Do NOT prescribe PAXLOVID
Ergot Derivatives	dihydroergotamine (Migranal) ergoloid mesylates ergotamine (Cafergot) methylergonovine (Methergine)	Do NOT prescribe PAXLOVID
Hepatitis C Antivirals	glecaprevir/pibrentasvir (Mavyret) elbasvir/grazoprevir (Zepatier) ombitasvir/paritaprevir/ritonavir and dasabuvir (Viekira Pak) sofosbuvir/velpatasvir/voxilaprevir (Vosevi)	Do NOT prescribe PAXLOVID
Herbals	St. John's Wort	Do NOT prescribe PAXLOVID

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HMG-CoA reductase inhibitors (statins)	atorvastatin (Lipitor) rosuvastatin (Crestor)	HOLD statin
	lovastatin (Altoprev) simvastatin (Zocor)	HOLD statin, discontinue at least 12 hours prior to PAXLOVID
Hormonal Contraception	ethinyl estradiol	An additional, non-hormonal method of contraception should be used
Immunosuppressants	cyclosporine (Gengraf) everolimus (Afintor; Zortress) tacrolimus (Prograf) sirolimus (Rapamune)	Consult with patient's transplant team. Therapeutic monitoring required
	voclosporin (Lupkynis)	Do NOT prescribe PAXLOVID
Long-Acting Beta-adrenergic Agonist	salmeterol (Serevent; AirDuo; Advair)	Do NOT prescribe PAXLOVID. Consider alternative B2-agonist
Opioids	fentanyl (Duragesic) methadone meperidine (Demerol)	Do NOT prescribe PAXLOVID
	codeine hydrocodone morphine oxycodone	Reduce dose by 50%, or HOLD. Monitor for signs of sedation.
PDE5 Inhibitor	avanafil (Stendra) sildenafil (Revatio) tadalafil (Cialis) vardenafil (Levitra)	for PAH: Do NOT prescribe PAXLOVID For ED: HOLD PDE-5 inhibitor during course, do NOT prescribe PAXLOVID if unable to hold
Triptans	eletriptan (Relpax) zolmitriptan (Zomig)	HOLD during course. Do NOT prescribe PAXLOVID if unable to hold
Miscellaneous	ivabradine (Corlanor) lumacaftor/ivacaftor (Orkambi) tolvaptan (Samsca; Jynarque) ubrogepant (Ubrelvy) rimagepant (Nurtec) flibanserin (Addyi) lonafarnib (Zokinvy)	Do NOT prescribe PAXLOVID
	lomatapide (Juxtapid) naloxegol (Movantik) saxagliptin (Onglyza) suvorexant (Belsomra)	HOLD. Do NOT prescribe PAXLOVID if unable to hold

\* This table is not a comprehensive list of all the drugs that may interact with Paxlovid