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Interactions with Essential Medicines & Nirmatrelvir/ritonavir (NMV/r)

Charts produced 8 March 2022

Please check www.covid19-druginteractions.org for updates.

Interaction tables - refer to page 2 for legend, notes and abbreviations

Please note that if a drug is not listed it cannot automatically be assumed it is safe to coadminister.

Drug interaction data for many agents are limited or absent; therefore, risk-benefit assessment for any individual patient rests with prescribers.

Management of interactions with nirmatrelvir/ritonavir (Paxlovid) may be complex and full details should be obtained from the website where possible.

Ana	lgesics
	Codeine
	Diclofenac
	Fentanyl
	Hydromorphone
	Ibuprofen
	Mefenamic acid
	Morphine
	Oxycodone
	Paracetamol
And	Tramadol
Ant !	iarrhythmics Amiodarone
	Lidocaine
	ibacterials
AIIC	Amikacin
	Amoxicillin
	Ampicillin
	Bedaquiline
	Cefalexin
	Cefazolin
	Cefixime
	Cefotaxime
	Ceftriaxone
	Chloramphenicol
	Ciprofloxacin
	Clarithromycin (a)
	Clindamycin
	Clofazimine
	Cloxacillin
	Cycloserine
	Dapsone
	Delamanid
	Doxycycline Erythromycin
	Ethambutol
	Ethionamide
	Gentamicin
	Imipenem/cilastatin
	Isoniazid
	Kanamycin
	Levofloxacin
	Linezolid
	Meropenem
	Metronidazole
	Moxifloxacin
	Nitrofurantoin
	Ofloxacin
	Para-aminosalicylic acid
	Penicillins Dinoracillin
	Piperacillin
	Pyrazinamide
×	Rifabutin (b) Rifampicin
×	Rifapentine
~	Spectinomycin
	Streptomycin
	Sulfadiazine
	Tazobactam
	Tetracyclines
	Trimethoprim/
	sulfamethoxazole
	Vancomycin

Ant	icoagulants/antiplatelets
	Apixaban
	Aspirin (antiplatelet)
	Clopidogrel (stented) (c)
	Dabigatran (a)
	Dalteparin
	Edoxaban (d)
	Enoxaparin
	Heparin
	Rivaroxaban
	Streptokinase
	Warfarin
	iconvulsants
×	Carbamazepine
	Clonazepam
	Ethosuximide
	Lamotrigine
×	Phenobarbital
×	Phenytoin
•••	Valproate
Δnt	idepressants
AIIC	Amitriptyline
	Clomipramine
	Fluoxetine
	Lithium
A	idiabetics
Ant	Glibenclamide
	Gliclazide
	Insulin
A 4	Metformin
Ant	ifungals
	Amphotericin B
	Fluconazole
	Flucytosine
	Griseofulvin
	Itraconazole (e)
	Ketoconazole (e)
_	Nystatin
	Voriconazole
	imalarials
	Amodiaquine
	Artemether
	Artesunate
	Atovaquone
	Lumefantrine
	Mefloquine
	Piperaquine
	Primaquine
	Proguanil
	Quinine
Ant	ipsychotics
	Chlorpromazine
	Clozapine
	Fluphenazine
П	Haloperidol
旹	Risperidone
	iolytics
AIIX	Diazepam
	Lorazepam
	LUIAZEDAIII
	Midazolam

Bet	Beta blockers		
	Atenolol		
	Bisoprolol		
	Carvedilol		
	Metoprolol		
	Propranolol		
	Timolol		
Bro	nchodilators		
	Aminophylline		
	Ipratropium bromide		
	Salmeterol		
Cal	cium channel blockers		
	Amlodipine		
	Nifedipine		
	Verapamil		
Can	cer drugs		
	Dasatinib (f)		
	Erlotinib (g)		
	Imatinib (h)		
_	Methotrexate		
	Vinblastine (i)		
	ntraceptives		
201	Ethinylestradiol		
	Etonogestrel (IMP)		
	Etonogestrel (VR)		
	Levonorgestrel (COC)		
	Levonorgestrel (EC)		
	Levonorgestrel (IDU)		
	Levonorgestrel (POP)		
	Medroxyprogesterone		
	(depot injection)		
	Norethisterone (COC)		
	Norethisterone (IM)		
	Norethisterone (POP)		
	Norgestrel (COC)		
CO	VID19 therapies		
-	Budesonide (inhaled)		
	Convalescent plasma		
	Dexamethasone		
	Hydrocortisone		
	Infliximab		
	Methylprednisolone		
	COVID19 vaccines		
Gar	strointestinal agents		
	Aprepitant		
	Domperidone		
	Lactulose		
	Loperamide		
	Mesalazine		
	Metoclopramide		
	Omeprazole		
	Ondansetron		
	Ranitidine		
110	Senna 4 antivirals		
HC	/ antivirals		
	Glecaprevir/pibrentasvir		
	Ledipasvir/sofosbuvir		
	Ombitasvir/paritaprevir/r		
	Sofosbuvir/velpatasvir		
Her	bals/supplements		
	Full control		
	Folic acid		
	Folic acid Magnesium St John's Wort		

HIV	HIV antiretrovirals		
	Abacavir		
	Atazanavir/ritonavir		
	Darunavir/ritonavir		
	Dolutegravir		
	Efavirenz		
	Emtricitabine		
	Lamivudine		
	Lopinavir/ritonavir		
	Nevirapine		
	Raltegravir		
	Tenofovir alafenamide		
	Tenofovir-DF		
	Zidovudine		
Hyr	pertension/heart failure		
	Amiloride		
	Digoxin		
	Dopamine		
	Enalapril		
	Furosemide		
	Hydrochlorothiazide		
	Isosorbide dinitrate		
	Lisinopril		
	Losartan		
	Methyldopa		
	Spironolactone		
Imr	nunosuppressants		
	Azathioprine		
	Ciclosporin		
	Everolimus		
Lipi	d lowering agents		
	Atorvastatin		
	Fluvastatin		
	Lovastatin		
	Simvastatin		
Oth			
	Allopurinol		
	Ergometrine		
	Levodopa		
	Levothyroxine		
Ste	roids		
	Beclomethasone		
	Betamethasone		
	Fludrocortisone		
	Prednisolone		
	Testosterone		
	Triamcinolone		



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Legend

Cole	our/Symbol	Recommendation for NMV/r use
1	Do not co-administer	Do not use NMV/r ⇒ alternative COVID-19 therapy
_		Risk of serious toxicity. Stopping the drug does not mitigate the interaction due to its prolonged half-life.
×	Do not co-administer	Do not use NMV/r ⇒ alternative COVID-19 therapy
		Strong inducer can jeopardize NMV/r efficacy due to persisting induction after stopping the drug.
	Do not co-administer	NMV/r use ONLY possible if drug is paused or replaced by a non-interacting drug
		Risk of serious toxicity. Only start NMV/r if the drug can be safely paused or replaced.
		Drug can be resumed 3 days after completing NMV/r therapy.
	Potential interaction	Stop or replace drug if possible or consult specialist for dose adjustment/monitoring to allow use with NMV/r
	Dose adjustment and/or	Ideally, only start NMV/r if the drug can be safely paused or replaced.
	close monitoring required.	Alternatively, dose adjust/monitor. Refer to www.covid19-druginteractions.org for detailed information.
	Potential interaction	Proceed with NMV/r
	Manageable by	Interaction manageable by counselling the patient about potential interaction and advising to temporarily stop
	counselling patient	the drug if feeling unwell.
	Weak interaction	Proceed with NMV/r
	No action needed	Drug metabolized partially by CYP3A4 or with low risk of adverse event from interaction.
	No interaction expected	Proceed with NMV/r

Notes

- a No dose reduction or monitoring in patients with normal renal function.
- b Rifabutin dosed 150 mg once daily with NMV/r.
- c Ritonavir decreases clopidogrel efficacy therefore NMV/r cannot be prescribed in high risk situation (i.e. initial period (at least 6 weeks) post coronary stenting). NMV/r is allowed if clopidogrel is used outside this period or if clopidogrel is used as alternative to aspirin (intolerant patients).
- d The US product label for edoxaban advises no dose adjustment is needed for edoxaban in the presence of a P-gp inhibitor, such as ritonavir.
- e Itraconazole or ketoconazole should not be used at doses >200 mg/day.
- f The decision to pause or dose adjust dasatinib should be made in conjunction with the patient's oncologist.

 Chronic phase chronic myelogenous leukaemia: pause dasatinib and restart 3 days after completing NMV/r. Alternatively, consider reducing dasatinib dose to 20 mg (in patients receiving 100 mg daily) or 40 mg (in patients receiving 140 mg daily) and monitor for toxicity.

 Accelerated or blast phase chronic myelogenous leukaemia: do not coadminister, use alternative COVID-19 therapy.
- The decision to pause or dose adjust erlotinib should be made in conjunction with the patient's oncologist.

 If it is decided to pause treatment, restart erlotinib 3 days after completing NMV/r treatment. If pausing erlotinib treatment is not feasible, continue full dose erlotinib with patient self-monitoring for rash and diarrhoea. If these do occur, reduce erlotinib dose in 50 mg decrements or re-assess for a short pause.
- h The decision to pause imatinib should be made in conjunction with the patient's oncologist. If it is decided to hold treatment, restart imatinib 3 days after completing NMV/r treatment. Alternatively, imatinib may be coadministered with monitoring for adverse effects (fluid retention, nausea and neutropenia). NMV/r is expected to have a modest effect on imatinib exposure. Coadministration with ritonavir (600 mg once daily) for 3 days did not significantly alter imatinib exposure (van Erp NP et al. Clin Cancer Res. 2007;13(24):7394-400).
- The decision to pause or dose adjust vinblastine should be made in conjunction with the patient's oncologist. Vinblastine may be paused in the context of acute infection. Restart vinblastine 3 days after completing NMV/r treatment. Alternatively, vinblastine may be coadministered with close monitoring for haematologic toxicity and neurotoxicity. Some providers may wish to empirically reduce vinblastine dose, especially in patients who have previously experienced or are at high risk for toxicity.

Contraceptive Abbreviations

COC = combined oral contraceptive

EC = emergency contraception

IDU = intrauterine device

IM = intramuscular

IMP = implant

POP = progestin only contraceptive pill

VR = vaginal ring.