

















Paxlovid™ Drug Interaction Guidance and Management for the Community Prescriber

NOTE: Care has been taken to include all common clinically relevant drug interactions in this document; however, it is not exhaustive. If interaction software flags a clinically significant interaction for any drugs not on this list, refer the patient for additional assessment. Transplant recipients and patients receiving cancer treatment of any type must be referred to their respective specialists. See information at bottom of table regarding natural/herbal products.

- ✘ Absolute drug interactions for ANY prescriber (including specialists). These patients may be eligible for remdesivir.
- ⬠ Absolute drug interactions for community prescribers. These patients may be eligible for remdesivir.
- ◆ Drug interactions that require intervention by the specialist and are **out of scope** for management by a community prescriber. Refer for additional assessment for Paxlovid or remdesivir.
- ▲ Drug interactions that are considered manageable and require intervention by the community prescriber.
- ★ Drug interactions that may flag and are deemed manageable by community prescribers. In most cases no modification is necessary. Patients may be required to monitor.

Paxlovid™ Drug Interaction Guidance and Management for the Community Prescriber			
Drug	Symbol	Intervention	Comments
Acarbose	★	Advise patient to monitor.	Hypoglycemia has been observed.
Alfuzosin	▲	Hold x 7 days.	
Almotriptan	▲	Normal renal and hepatic function. Maximum single dose for migraine: 6.25mg. May use up to 12.5mg/ 24h period.	Contraindicated ✘ in impaired renal or hepatic function. Pharmacists are able to prescribe for triptans under minor ailment guidelines if an appropriate option for the patient. Triptans that do not interact: frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan
Alprazolam	⬠		Benzodiazepines that do not interact: bromazepam, chlordiazepoxide, clobazam, clorazepate, lorazepam, oxazepam, temazepam
Amiodarone	✘	Contraindicated.	
Amitriptyline	★	No dose adjustment. Advise patient to monitor.	

Amlodipine		Reduce dose by 50% x 7 days.	
Apixaban			
Aripiprazole (long acting injectable)		No dose adjustment.	
Aripiprazole (oral)			No effect on injectable aripiprazole.
Atorvastatin		Hold x 7 days.	In patients with recent CV event/CVA (within last year) this is an absolute contraindication. Statins that do not interact: fluvastatin, pravastatin
Betamethasone		No adjustment. Review correct use with patient.	Little systemic absorption would be expected with an inhaled corticosteroid.
Budesonide		No dose adjustment. Review correct use with patient.	Little systemic absorption would be expected with an inhaled corticosteroid.
Buprenorphine			
Bupropion		No dose adjustment.	
Buspirone			
Canagliflozin		Advise patient to monitor.	Hypoglycemia has been observed.
Cancer treatment of any type			Any patients with active cancer must be referred to their specialist.
Cannabis			
Carbamazepine		Contraindicated.	Even if the patient is willing to discontinue the use of carbamazepine, this remains an absolute contraindication as Paxlovid™ must not be started within 14 days after taking the interacting medication.
Citalopram		No dose adjustment.	
Clarithromycin		No dose adjustment required in patients with normal renal function.	CrCl <30mL/min further reduction, but would not qualify for Paxlovid™ anyway.

		Impaired renal function (CrCl \geq 30mL/min to <60mL/min) reduce dose by 50% .	
Clomipramine	★	No dose adjustment. Advise patient to monitor for increased drowsiness.	Contraindicated ❌ if clomipramine dose >150 mg
Clonazepam	⬡		Benzodiazepines that do not interact: bromazepam, chlordiazepoxide, clobazam, clorazepate, lorazepam, oxazepam, temazepam
Clopidogrel	⬡		
Clozapine	❌	Contraindicated.	Very narrow therapeutic index.
Cobicistat	★		Treatment regimens for HIV and Hepatitis C may already contain either of these medications. These regimens do not need to be adjusted; patients should maintain their regular regimens unless advised otherwise by their specialist. Reminder: any patients with Hepatitis C are not eligible for Paxlovid™ and must be referred for assessment.
Colchicine	⬡		Greatest concern in patients with renal or hepatic impairment.
Cyclosporine (systemic)	⬡		Reminder: If this medication is being used for a transplant patient of any type, the patient must be referred to their specialist.
Dabigatran	⬡		
Dapagliflozin	★	Advise patient to monitor.	Hypoglycemia has been observed.
Dexamethasone	★	No dose adjustment required if doses \leq 12mg / day.	Contraindicated ❌ in doses >12 mg/ day.
Dextroamphetamine	▲	Advise patient to monitor. Consider reducing dose or holding for 7 days.	Possible increase in dextro- amphetamine levels (monitor for signs/symptoms of adverse effects). Caution if high dose and/or concomitant serotonergic agents.

Diazepam	⬠		Benzodiazepines that do not interact: bromazepam, chlordiazepoxide, clobazam, clorazepate, lorazepam, oxazepam, temazepam
Digoxin	⬠		
Diltiazem	⬠		
Divalproex	★	No dose adjustment.	
Domperidone	★	“PRN” use of medication <u>only</u> : Hold x 7 days if this is an appropriate option for the patient	Contraindicated ❌ in all other indications or if unable to hold.
Dulaglutide	★	Advise patient to monitor.	Hypoglycemia has been observed.
Dutasteride	★	No adjustment. Monitor.	
Edoxaban	⬠		
Eletriptan	▲	Hold x 7 days.	Pharmacists are able to prescribe for triptans under minor ailment guidelines if an appropriate option for the patient. Triptans that do not interact: frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan
Empagliflozin	★	Advise patient to monitor.	Hypoglycemia has been observed.
Ergots	▲	Hold x 7 days.	Pharmacists are able to prescribe for triptans under minor ailment guidelines if an appropriate option for the patient. Triptans that do not interact: frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan
Estradiol (Oral, Transdermal, Vaginal)	★	No action needed given the short duration of nirmatrelvir/ ritonavir treatment.	Serum concentrations of estrogen derivatives may be increased or decreased (less so with vaginal).
Ethinyl Estradiol (Hormonal contraceptives)	★	No dose adjustment.	Recommend backup method(s) for treatment duration and one full cycle after . Advise may increase irregular bleeding.
Exenatide	★	Advise patient to monitor.	Hypoglycemia has been observed.
Felodipine	⬠		

Fentanyl	✘	Contraindicated.	
Flecainide	✘	Contraindicated.	
Fluoxetine	★	No dose adjustment.	
Flurazepam	⬢		Benzodiazepines that do not interact: bromazepam, chlordiazepoxide, clobazam, clorazepate, lorazepam, oxazepam, temazepam
Fluticasone	★	No dose adjustment. Review correct use with patient.	Little systemic absorption would be expected with an inhaled corticosteroid.
Gliclazide	★	Advise patient to monitor.	Hypoglycemia has been observed.
Glimepiride	★	Advise patient to monitor.	Hypoglycemia has been observed.
Glipizide	★	Advise patient to monitor.	Hypoglycemia has been observed.
Glyburide	★	Advise patient to monitor.	Hypoglycemia has been observed.
Hydrocodone	⬢		
Hydroxychloroquine	▲	No dose adjustment.	Contraindicated ✘ if patient at high risk of QT prolongation. Risk depends on other medications and medical conditions. Consider MedSafety Scan calculator (requires free registration)
Indapamide	▲	No dose adjustment.	Indapamide levels could potentially increase. Monitor for signs/ symptoms of hypotension – if symptomatic, consider stopping indapamide for remainder of Paxlovid™ treatment.
Imipramine	★	No dose adjustment. Advise patient to monitor for increased drowsiness.	
Insulin	★	Advise patient to monitor.	Hypoglycemia has been observed.
Itraconazole	★	No dose adjustment required if doses ≤ 200mg / day.	Contraindicated ✘ in doses >200mg/ day.
Ketoconazole	★	No dose adjustment required if doses ≤ 200mg / day.	Contraindicated ✘ in doses >200mg/ day.
Lamotrigine	★	No dose adjustment.	
Linagliptin	★	Advise patient to monitor.	Hypoglycemia has been observed.

Liraglutide	★	Advise patient to monitor.	Hypoglycemia has been observed.
Lovastatin	▲	Hold x 7 days.	In patients with recent CV event/CVA (within last year) this is an absolute contraindication. Statins that do not interact: fluvastatin, pravastatin
Lurasidone	✘	Contraindicated.	
Meperidine	⬠		
Metformin	★	Advise patient to monitor.	Hypoglycemia has been observed.
Methadone	⬠		
Methamphetamine	⬠		
Metoprolol	★	No dose adjustment.	
Midazolam (oral)	⬠		Benzodiazepines that do not interact: bromazepam, chlordiazepoxide, clobazam, clorazepate, lorazepam, oxazepam, temazepam
Mirtazapine	▲	Doses ≥ 15 mg/ day require dose reduction. No dose adjustment required if < 15mg/ day. Advise patient to monitor for increased side effects such as drowsiness.	
Modafinil	★	No dose adjustment. Advise patient to monitor for anxiety and agitation.	Contraindicated ✘ if dose > 200 mg/ day.
Morphine	⬠		
Nateglinide	★	Advise patient to monitor.	Hypoglycemia has been observed.
Nifedipine	⬠		
Nitrazepam	⬠		Benzodiazepines that do not interact: bromazepam, chlordiazepoxide, clobazam, clorazepate, lorazepam, oxazepam, temazepam
Nortriptyline	★	No dose adjustment.	Advise patient to monitor for increased drowsiness.
Oxycodone	⬠		

Oxybutynin (Oral, Transdermal)	▲	Advise patient to monitor for ↑ anticholinergic effects such as dry eyes, dizziness, urinary retention, cognitive impairment. Consider reducing dose (~50%) or holding x 7 days in patients ≥ 65 years of age.	May be less significant with use of transdermal patch.
Paroxetine	★	No dose adjustment. Advise patient to monitor for increased drowsiness.	
Phenobarbital	✘	Contraindicated.	Even if the patient is willing to discontinue the use of phenobarbital, this remains an absolute contraindication as Paxlovid™ must not be started within 14 days after taking the interacting medication.
Phenytoin	✘	Contraindicated.	Even if the patient is willing to discontinue the use of phenytoin, this remains an absolute contraindication as Paxlovid™ must not be started within 14 days after taking the interacting medication.
Pimozide	✘	Contraindicated.	
Pioglitazone	★	Advise patient to monitor.	Hypoglycemia has been observed.
Prednisolone/ Prednisone	★	No dose adjustment.	
Primidone	✘	Contraindicated.	
Propafenone	✘	Contraindicated.	
Quetiapine	◆		
Quinidine	✘	Contraindicated.	
Quinine	▲	If being used for leg cramps: Hold x 7 days.	Contraindicated ✘ in all other indications e.g. malaria
Repaglinide	★	Advise patient to monitor.	Hypoglycemia has been observed.

Rifampin	✘	Contraindicated.	Even if the patient is willing to discontinue the use of rifampin, this remains an absolute contraindication as Paxlovid™ must not be started within 14 days after taking the interacting medication.
Risperidone LA injection (e.g. Risperdal Consta®)	✘	Contraindicated.	For oral risperidone, see row immediately below.
Risperidone (oral)	⬡		For LA injectable risperidone, see row immediately above.
Ritonavir	★		Treatment regimens for HIV and Hepatitis C may already contain either of these medications. These regimens do not need to be adjusted; patients should maintain their regular regimens unless advised otherwise by their specialist. Reminder: any patients with Hepatitis C are not eligible for Paxlovid™ and must be referred for assessment.
Rivaroxaban	⬡		
Rosiglitazone	★	Advise patient to monitor.	Hypoglycemia has been observed.
Rosuvastatin	▲	Hold x 7 days.	In patients with recent CV event/CVA (within last year) this is an absolute contraindication. Statins that do not interact: fluvastatin, pravastatin
Salmeterol (e.g. in Serevent® and Advair®)	⬡		
Saxagliptin	★	Advise patient to monitor.	Hypoglycemia has been observed.
Sertraline	★	No dose adjustment. Advise patient to monitor.	
Sildenafil (Viagra®) used for ED	▲	Hold x 7 days.	For sildenafil used for PAH, see the row immediately below.
Sildenafil (Revatio®) used for PAH	✘	Contraindicated.	For sildenafil used for ED, see the row immediately above.

Simvastatin	▲	Hold x 7 days.	In patients with recent CV event/CVA (within last year) this is an absolute contraindication. Statins that do not interact: fluvastatin, pravastatin
Sirolimus	◆		Any transplant patients of any type, whether they are currently receiving treatment or have in the past must be referred to their specialist. All other indications ◆
Sitagliptin	★	Advise patient to monitor.	Hypoglycemia has been observed.
St John's Wort	✘	Contraindicated.	Even if the patient is willing to discontinue the use of St John's wort, this remains an absolute contraindication as Paxlovid™ must not be started within 14 days after taking the interacting medication.
Sulfasalazine	▲	Ideally avoid coadministration but if necessary, consider dose reduction of sulfasalazine for 7 days.	Low potential for interaction but sulfasalazine levels could increase.
Tacrolimus	◆		Any transplant patients of any type, whether they are currently receiving treatment or have in the past must be referred to their specialist. All other indications ◆
Tadalafil (Cialis®) used for ED	▲	Hold x 7 days.	For tadalafil used for PAH, see the row immediately below.
Tadalafil (Adcirca®) used for PAH	✘	Contraindicated.	For tadalafil used for ED, see the row immediately above.
Tamsulosin	▲	Hold x 7 days. Patients on doses > 0.4 mg/ day require a dose decrease to 0.4 mg daily.	Hold, especially in patients where low blood pressure (BP) could be problematic. For patients on 0.4 mg doses, it may be reasonable to continue, so long as patient is able to monitor BP, or is aware of symptoms of low BP.
Theophylline	★	No dose adjustment.	

Ticagrelor	⬠		
Timolol	★	No dose adjustment.	
Tofacitinib	⬠		
Tolbutamide	★	Advise patient to monitor.	Hypoglycemia has been observed.
Tolterodine	▲	IR: Maximum 1 mg twice daily LA: Maximum 2 mg once daily If required, reduce dose for 7 days.	Monitor adverse effects of tolterodine.
Tramadol	⬠		
Transplant treatment or therapy of any type (e.g. sirolimus, tacrolimus, etc.)	◆		Any transplant patients of any type, whether they are currently receiving treatment or have in the past must be referred to their specialist.
Trazodone	⬠		
Triazolam	⬠		Benzodiazepines that do not interact: bromazepam, chlordiazepoxide, clobazam, clorazepate, lorazepam, oxazepam, temazepam
Trimipramine	★	No dose adjustment. Advise patient to monitor for increased drowsiness.	
Valproate	★	No dose adjustment.	
Vardenafil (Levitra®, Staxyn®) used for ED	▲	Hold x 7 days.	For vardenafil used for PAH, see the row immediately below.
Vardenafil (Levitra®) used for PAH	✘	Contraindicated.	For vardenafil used for ED, see the row immediately above.
Venlafaxine	★	No dose adjustment. Advise patient to monitor for increased drowsiness.	Contraindicated if venlafaxine doses >225 mg/ day
Verapamil	⬠		
Vildagliptin	★	Advise patient to monitor.	Hypoglycemia has been observed.
Voriconazole	⬠		
Warfarin	⬠		
Ziprasidone	⬠		

Zolpidem	▲	Either hold x 7 days or reduce by 50%.	
Zopiclone	▲	Either hold x 7 days or reduce by 50%.	
CV = cardiovascular; CVA = cerebrovascular accident; ED = erectile dysfunction; HIV = human immunodeficiency virus; IR = immediate release; LA = long acting; PAH = pulmonary arterial hypertension; PRN = as needed basis			

Natural Medicines and Herbal Products

- Many products contain multiple ingredients; ensure each ingredient is assessed for a potential drug interaction.
- Pay particular attention to any that involve the CYP pathway.
- Prescribers will have to decide on whether the interaction is significant and/or manageable.
- Natural Medicines (available through [SHIRP](#)) is a suggested resource.

Drug Interaction Resources:

- Prescriber software
- Lexi-Interact (directly through Lexicomp or via eCPS) available through [SHIRP](#)
- [University of Liverpool: COVID-19 drug interaction checker](#) & other resources
- [Ontario Science Table](#)
- [BC CDC](#)
- Natural Medicines (available through SHIRP)



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