



MANAGEMENT OF PAXLOVID DRUG-DRUG-INTERACTIONS

This list is not meant to be all inclusive. Drug-drug interactions can be checked more completely at [Liverpool COVID-19 Drug-Drug Interaction website](#). Additional resources include [NIH](#) recommendations for drug-drug interactions between PAXLOVID and [UpToDate](#) PAXLOVID drug information.

****Tip:** If you use CONTROL + F, you can type the name of the drug you are looking to find on the list.

Drug class	Recommendation (inhibition resolves approximately 3 days after PAXLOVID is discontinued. Unless otherwise stated, hold means a medication should be stopped for 8 days from the first dose of PAXLOVID. Very sensitive or narrow therapeutic index CYP3A4 drugs may need to be restarted 10 days after the first dose of PAXLOVID)
Antibiotics	
<i>Rifampin</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Rifapentine</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Clarithromycin</i>	Co-administration with nirmatrelvir/ritonavir has not been studied but may increase Clarithromycin concentrations, Clarithromycin doses greater than 1 g per day should not be coadministered with ritonavir dosed as a pharmacokinetic enhancer.
<i>Erythromycin</i>	Co-administration has not been studied, but may increase Erythromycin concentrations. Use with caution as erythromycin has a known risk of QT prolongation.
Alpha-1 blockers	
<i>Alfuzosin</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy or hold alfuzosin if appropriate (alfuzosin treatment would have to be resumed 3 days after the last dose of PAXLOVID)
<i>Sildenafil</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy or hold sildenafil if appropriate
<i>Tamsulosin</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy or hold tamsulosin if appropriate
Analgesics	
<i>Piroxicam</i>	Hold Piroxicam doses
Anti-arrhythmic (other than sotalol)	
<i>Amiodarone</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Disopyramide</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Dofetilide</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Dronedaronone</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Flecainide</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Lidocaine (systemic)</i>	Use with caution. Therapeutic monitoring is recommended if available
<i>Mexiletine</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Propafenone</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Quinidine</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
Anticancer Medications	
<i>apalutamide</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy

<i>Abemaciclib</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Ceritinib</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy. If necessary to use consult with pharmacist about dose reduction.
<i>Dasatinib</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Encorafenib</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy. If necessary to use consult with pharmacist about dose reduction.
<i>Ibrutinib</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Ivosidenib</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Neratinib</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Palbociclib</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy. If necessary to use consult with pharmacist about dose reduction.
<i>Venetoclax</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Vinblastine</i>	Consult with oncologist or pharmacist. Would need assessment prior to resuming therapy.
<i>Vincristine</i>	Consult with oncologist or pharmacist. Would need assessment prior to resuming therapy.
Anticoagulants	
<i>Apixaban</i>	2.5 mg BID dose may be considered. Potential risk of increased bleeding, decision to continue Apixaban should be based on a risk benefit discussion.
<i>Dabigatran</i>	Potential risk of increased bleeding, decision to continue Dabigatran should be made based on a risk benefit discussion. If Dabigatran is continued, take together with PAXLOVID.
<i>Edoxaban</i>	Reduced edoxaban dose to 30 mg daily may be considered. Potential risk of increased bleeding, decision to continue Edoxaban should be based on a risk benefit discussion.
<i>Rivaroxaban</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Warfarin</i>	Carefully monitor INR. Increased risk of both super and suprathereapeutic INR on usual dose.
Anti-epileptics	
<i>Carbamazepine</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Phenobarbital</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Phenytoin</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Primidone</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
Antifungals	
<i>Itraconazole</i>	Use caution due to potential for increased itraconazole concentrations. Do not use high doses of itraconazole (>200 mg/day). Monitor for gastrointestinal and hepatic adverse effects.
<i>Ketoconazole</i>	Use caution and consider dose decrease of ketoconazole due to potential for increased ketoconazole concentrations. Do not use high doses of ketoconazole (>200 mg/day). Monitor for gastrointestinal and hepatic adverse reactions

<i>Voriconazole</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Isavuconazonium</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
Antipsychotics	
<i>Aripiprazole</i>	Co-administration has not been studied. PAXLOVID could potentially increase aripiprazole concentrations. Monitor adverse effects and decrease aripiprazole dosage if needed.
<i>Brexiprazole</i>	Consider therapy modification, could reduce brexiprazole dose by 50%, monitor for adverse effects
<i>Clozapine</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Lumateperone</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Lurasidone</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Pimavanserin</i>	Consider therapy modification, could reduce pimavanserin dose to 10mg daily
<i>Pimozide</i>	Do not use PAXLOVID, consider an alternative COVID-19 therapy
<i>Quetiapine</i>	Co-administration has not been studied but not recommended. If co-administration is necessary, reduce quetiapine dose and monitor for quetiapine-associated adverse reactions.
Antiretrovirals	
<i>HIV medications</i>	No dose adjustments necessary (even if on ritonavir/cobicistat-boosted regimen) – monitor for protease inhibitor adverse effects – see IDSA/ HIVMA brief
Benzodiazepines	
<i>Alprazolam</i>	Reduce alprazolam dose by 50%, hold Alprazolam doses, or consider changing to lorazepam temporarily
<i>Clonazepam</i>	Do not use PAXLOVID. Consider changing to lorazepam temporarily or hold Clonazepam doses.
<i>Diazepam</i>	Do not use PAXLOVID. Consider changing to lorazepam temporarily or hold Diazepam doses.
<i>Lorazepam</i>	Use a typical recommended dose or equivalent dose if switching from another benzodiazepine temporarily.
<i>Midazolam (oral)</i>	Do not use with PAXLOVID. Consider changing to lorazepam temporarily or hold Midazolam doses.
<i>Triazolam</i>	Do not use with PAXLOVID. Consider changing to lorazepam temporarily or hold Triazolam doses.

Calcineurin inhibitors	
<i>Cyclosporine</i>	<p>Preferentially administer an alternative. Patients within 3 months of transplant should not receive Paxlovid.</p> <p>If outside of that 3-month window, and Paxlovid is started, refer back to transplant provider or pharmacist for monitoring and possible dose adjustment.</p>
<i>Tacrolimus</i>	<p>Preferentially administer an alternative. Patients within 3 months of transplant should not receive Paxlovid.</p> <p>If outside of that 3-month window, and Paxlovid is started, refer back to transplant provider or pharmacist for monitoring and possible dose adjustment.</p>

Calcium Channel Blockers	
<i>Amlodipine</i>	Use with caution, monitoring is recommended, could consider a dose decrease
<i>Diltiazem</i>	Use with caution, monitoring is recommended, could consider a dose decrease
<i>Felodipine</i>	Use with caution, monitoring is recommended, could consider a dose decrease
<i>Nicardipine</i>	Use with caution, monitoring is recommended, could consider a dose decrease
<i>Nifedipine</i>	Use with caution, monitoring is recommended, could consider a dose decrease
<i>Verapamil</i>	Use with caution, monitoring is recommended, could consider a dose decrease
Cystic Fibrosis (CF)TR Modulators	
<i>Elexacaftor/tezacaftor/ivacaftor (Trikafta)</i>	Day 1 – 2 orange tablets in morning only Days 2 – 4 – No Trikafta Day 5 (last day of PAXLOVID) - 2 orange tablets in morning only Days 6 – 8 – No Trikafta Day 9 -resume normal Trikafta dosing Contact Cystic Fibrosis (CF) team for case by case management
<i>Ivacaftor (Kalydeco)</i>	Day 1- 1 tablet in the morning only Days 2 – 4 – No ivacaftor Day 5(last day of PAXLOVID) – 1 tablet in the morning only Days 6 – 8 – No ivacaftor Day 9 - resume normal ivacaftor dosing Contact Cystic Fibrosis (CF) team for case by case management
<i>Tezacaftor/ivacaftor (Symdeko)</i>	Day 1 – 1 yellow tablet in the morning only Days 2 – 4 – No Symdeko Day 5 (last day of PAXLOVID) - 1 yellow tablet in the morning only Days 6 – 8 – No Symdeko Day 9 – resume normal Symdeko dosing Contact Cystic Fibrosis (CF) team for case by case management
<i>Lumecaftor/ivacaftor (Orkambi)</i>	Do not use PAXLOVID, consider alternative COVID-19 therapy. Contact Cystic Fibrosis (CF) team for case by case management
CGRP Antagonist	
<i>Ubrogapant</i>	Do not use PAXLOVID, consider alternative COVID-19 treatment
<i>Rimagepant</i>	Do not use PAXLOVID, consider alternative COVID-19 treatment
Chemotherapy (oral or parenteral or small molecule)	Contact oncology pharmacist team
Ergot alkaloids	
<i>Dihydroergotamine</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Ergoloid mesylates</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Ergonovine</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Ergotamine</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Methylergonovine</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment
Corticosteroids	
<i>Beclomethasone</i>	No specific action needed; monitor for adverse events

<i>Betamethasone</i>	Increased risk for Cushing's syndrome and adrenal suppression. Alternative corticosteroids including beclomethasone and prednisolone should be considered.
<i>Budesonide</i>	Increased risk for Cushing's syndrome and adrenal suppression. Alternative corticosteroids including beclomethasone and prednisolone should be considered.
<i>Ciclesonide</i>	Increased risk for Cushing's syndrome and adrenal suppression. Alternative corticosteroids including beclomethasone and prednisolone should be considered.
<i>Dexamethasone</i>	Increased risk for Cushing's syndrome and adrenal suppression. Alternative corticosteroids including beclomethasone and prednisolone should be considered.
<i>Fluticasone</i>	Increased risk for Cushing's syndrome and adrenal suppression. Alternative corticosteroids including beclomethasone and prednisolone should be considered.
<i>Mometasone</i>	Increased risk for Cushing's syndrome and adrenal suppression. Alternative corticosteroids including beclomethasone and prednisolone should be considered.
<i>Methylprednisolone</i>	Increased risk for Cushing's syndrome and adrenal suppression. Alternative corticosteroids including beclomethasone and prednisolone should be considered.
<i>Prednisone</i>	Increased risk for Cushing's syndrome and adrenal suppression. Alternative corticosteroids including beclomethasone and prednisolone should be considered.
<i>Triamcinolone</i>	Increased risk for Cushing's syndrome and adrenal suppression. Alternative corticosteroids including beclomethasone and prednisolone should be considered.
mTOR inhibitors	
<i>Everolimus</i>	<p>Preferentially administer an alternative</p> <p>Patients within 3 months of transplant should not receive Paxlovid.</p> <p>If outside of that 3-month window, and Paxlovid is started, refer back to transplant provider or pharmacist for monitoring and possible dose adjustment.</p>
<i>Sirolimus</i>	<p>Preferentially administer an alternative</p> <p>Patients within 3 months of transplant should not receive Paxlovid.</p> <p>If outside of that 3-month window, and Paxlovid is started, refer back to transplant provider or pharmacist for monitoring and possible dose adjustment.</p>
Opioids	
<i>Codeine</i>	May increase concentrations of codeine. Reduce codeine dose by 50% while on PAXLOVID, monitor carefully for signs of opioid overdose
<i>Fentanyl</i>	Do not use PAXLOVID, consider alternative COVID-19 therapy or hold medication if appropriate
<i>Hydrocodone</i>	May increase concentrations of hydrocodone. Reduce hydrocodone dose by 50% while on PAXLOVID, monitor carefully for signs of opioid overdose
<i>Meperidine</i>	Do not use PAXLOVID, consider alternative COVID-19 therapy or hold medication if appropriate
<i>Methadone</i>	Do not use PAXLOVID, consider alternative COVID-19 therapy or hold medication if appropriate
<i>Morphine</i>	May increase concentrations of morphine. Reduce morphine dose by 50% while on PAXLOVID, monitor carefully for signs of opioid overdose. If on a controlled release medication will need a new prescription for lower dose.

<i>Oxycodone</i>	May increase concentrations of oxycodone. Reduce oxycodone dose by 75%, monitor carefully for signs of opioid overdose. If on a controlled release medication will need a new prescription for lower dose.
Potassium-sparing diuretics	
<i>Eplerenone</i>	Do not use PAXLOVID, consider alternative COVID-19 therapy or hold medication if appropriate
<i>Finerenone</i>	Do not use PAXLOVID, consider alternative COVID-19 therapy or hold medication if appropriate
P2Y12 antagonists	
<i>Clopidogrel</i>	Potential for reduced effect of clopidogrel. Avoid PAXLOVID, consider an alternative COVID-19 treatment or transition to prasugrel in patients at high risk of thrombosis.
<i>Ticagrelor</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment or consider transitioning to prasugrel
<i>Prasugrel</i>	Decision to continue prasugrel should be based on risk benefit decision.
PDE5 inhibitors	
<i>Avanafil</i>	Hold avanafil
<i>Sildenafil</i>	Erectile dysfunction, Raynaud phenomenon: hold sildenafil Pulmonary hypertension, pulmonary edema: do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Tadalafil</i>	BPH, erectile dysfunction, Raynaud phenomenon: hold tadalafil Pulmonary hypertension: do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Vardenafil</i>	Erectile dysfunction, Raynaud phenomenon: hold vardenafil Pulmonary hypertension: do not use PAXLOVID, consider an alternative COVID-19 treatment
Statins	
<i>Atorvastatin</i>	Hold atorvastatin
<i>Lovastatin</i>	Hold lovastatin, discontinue at least 12 hours prior to PAXLOVID
<i>Rosuvastatin</i>	Hold rosuvastatin
<i>Simvastatin</i>	Hold simvastatin, discontinue at least 12 hours prior to PAXLOVID
Triptans	
<i>Eletriptan</i>	Hold eletriptan
<i>Zolmitriptan</i>	Hold zolmitriptan
Miscellaneous	
<i>Apalutamide</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Bosentan</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment or discontinue use of bosentan at least 36 hours prior to starting PAXLOVID
<i>Bupropion</i>	PAXLOVID can decrease the efficacy of Bupropion, monitor for an adequate clinical response to bupropion.
<i>Buspirone</i>	Reduce buspirone dose by 50%
<i>Cilostazol</i>	Consider therapy modification, could reduce cilostazol dose to 50mg twice daily

<i>Colchicine</i>	Use with caution due to risk of increased colchicine concentrations, consider dose reduction or holding colchicine. Do not use PAXLOVID, consider an alternative COVID-19 treatment with colchicine in those with renal or hepatic impairment.
<i>Digoxin</i>	Use with caution due to risk of increased digoxin concentrations. Reduce the digoxin dose by approximately 30 - 50% or reduce the dosing frequency. Therapeutic monitoring of serum digoxin levels is recommended.
<i>Domperidone</i>	Hold domperidone
<i>Estradiol</i>	OCP - could fail, use back-up contraceptive. HRT – could have menopausal symptoms
<i>Flibanserin</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Glecaprevir and pibrentasvir</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Ivabradine</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Lonafarnib</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Lomitapide</i>	Hold Lomitapide doses
<i>Naloxegol</i>	Hold naloxegol
<i>Ranolazine</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment.
<i>Saxagliptin</i>	Reduce saxagliptin 2.5mg daily; hold saxagliptin or saxagliptin-containing combination product if unable
<i>Salmeterol</i>	Hold salmeterol Use alternative beta-2-agonist if unable to hold salmeterol
<i>St. John's Wort</i>	Do not use PAXLOVID, consider alternative COVID-19 treatment or hold St. John's Wort
<i>Suvorexant</i>	Hold suvorexant
<i>Tolvaptan</i>	Do not use PAXLOVID or hold tolvaptan
<i>Trazodone</i>	Reduce trazodone by 50% due to increased risk of trazodone concentrations and monitor for increased trazodone effects (sedation, QTc prolongation)
<i>Ubrogepant</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment or hold ubrogepant
<i>Vilazodone</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Voclosporin</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment
<i>Vorapaxar</i>	Do not use PAXLOVID, consider an alternative COVID-19 treatment