

## Interactions with Key COVID-19 Therapies

Charts revised 14 February 2022

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Please check [www.covid19-druginteractions.org](http://www.covid19-druginteractions.org) for updates.

Please note that if a drug is not listed it cannot automatically be assumed it is safe to coadminister. No recommendation to use experimental therapy for COVID-19 is made. 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.

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## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

<span style="background-color: red; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	These drugs should not be coadministered
<span style="background-color: orange; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Potential interaction which may require a dose adjustment or close monitoring.
<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
<span style="background-color: lightgreen; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	No clinically significant interaction expected

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

## Anaesthetics &amp; Muscle Relaxants

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Alcuronium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bupivacaine	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Cisatracurium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Desflurane	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dexmedetomidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Enflurane	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ephedrine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Etidocaine	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Halothane	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Isoflurane	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ketamine	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Nitrous oxide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Propofol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rocuronium	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sevoflurane	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sufentanil	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Suxamethonium (succinylcholine)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tetracaine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Thiopental	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tizanidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Vecuronium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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2 Paxlovid™

3 Veklury™

4 Ronapreve™, Regen-Cov™

5 Xevudy™

6 Evusheld™

## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Abbreviations

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## Colour Legend

Red	These drugs should not be coadministered
Orange	Potential interaction which may require a dose adjustment or close monitoring.
Yellow	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
Green	No clinically significant interaction expected

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

## Analgesics

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Alfentanil	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Aspirin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Buprenorphine	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Celecoxib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Codeine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dextropropoxyphene	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Diamorphine (diacetylmorphine)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Diclofenac	↔	↔	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
Dihydrocodeine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fentanyl	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Hydrocodone	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Hydromorphone	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ibuprofen	↔	↔	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
Mefenamic acid	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Metamizole	↔	↑↓	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Methadone	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Morphine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Naproxen	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nimesulide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oxycodone	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Paracetamol (Acetaminophen)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pethidine (Meperidine)	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Piroxicam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Remifentanyl	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tapentadol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tramadol	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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- ↔ No significant effect

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Note, please check product labels for any additional cardiac warnings.

## Notes:

**Codeine + Nirmatrelvir/ritonavir**

Ritonavir could potentially reduce the analgesic efficacy.

**Diamorphine, morphine + Nirmatrelvir/ritonavir**

Coadministration may potentiate the effects of opiate in the CNS (via inhibition of P-gp at the blood-brain barrier). Monitor for opiate toxicity.

**Piroxicam + Nirmatrelvir/ritonavir**

Coadministration is not recommended in the product labels for nirmatrelvir/ritonavir due to the risk of serious respiratory depression or haematological abnormalities.

**Aspirin, celecoxib, diclofenac, ibuprofen, mefenamic acid, naproxen, nimesulide, piroxicam + Dexamethasone, hydrocortisone, methylprednisolone**

Patients should be monitored since the incidence and/or severity of gastro-intestinal ulceration may increase.

**Metamizole + Baricitinib, sarilumab, tocilizumab**

Coadministration should be avoided due to the increased risk of haematological toxicity.

## Abbreviations

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NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
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Management of interactions with nirmatrelvir/ritonavir (Paxlovid) may be complex and full details should be obtained from the website.

## Antiarrhythmics

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Amiodarone	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Bepridil	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Digoxin	↔	↑	↔	↔	↔	↔	↓ 10%	↔	↔	↔	↔	↔	↔
Disopyramide	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dofetilide	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Flecainide	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lidocaine (Lignocaine)	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mexiletine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Propafenone	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Quinidine	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔

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 ↓ Potential decreased exposure of the comedication  
 ↑ Potential increased exposure of COVID drug  
 ↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

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## Notes:

**Amiodarone + Dexamethasone, hydrocortisone, methylprednisolone**

Close monitoring is advised as dexamethasone, hydrocortisone or methylprednisolone may cause hypokalaemia which increases the risk of torsade de pointes with amiodarone. In cases of hypokalaemia, potassium levels should be corrected and QT interval monitored.

**Bepridil, disopyramide, dofetilide, flecainide, lidocaine, mexiletine, propafenone, quinidine + Dexamethasone, hydrocortisone, methylprednisolone**

Close monitoring is advised as dexamethasone, hydrocortisone or methylprednisolone may cause hypokalaemia which increases the risk of arrhythmias. In cases of hypokalaemia, potassium levels should be corrected and QT interval monitored.

**Digoxin + Dexamethasone, hydrocortisone, methylprednisolone**

Close monitoring is advised as dexamethasone, hydrocortisone or methylprednisolone may cause hypokalaemia which increases the risk of digoxin toxicity. In cases of hypokalaemia, potassium levels should be corrected and ECG monitored.

## Abbreviations

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NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
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## Antibacterials

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Bedaquiline	↔	↑	↔	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔
Ciprofloxacin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔	↔	↔	↔
Clarithromycin	↔	↑	↔	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔
Clindamycin	↔	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔
Clofazimine	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔	↔	↔	↔
Delamanid	↔	↑♥	↔	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔
Erythromycin	↔	↑♥	↔	↔	↔♥	↔	↔	↔	↔	↔	↔	↔	↔
Levofloxacin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔	↔	↔	↔
Linezolid	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔	↔	↔	↔
Moxifloxacin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔	↔	↔	↔
Ofloxacin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔	↔	↔	↔
Rifabutin	↔	↑	↔	↓	↑	↓	↔	↔	↔	↔	↔	↔	↔
Rifampicin	↔	↓	↓	↓	↔	↓	↓ 34%	↔	↔	↔	↔	↔	↔
Rifapentine	↔	↓	↓	↓	↔	↓	↔	↔	↔	↔	↔	↔	↔
Sulfadiazine	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔
Telithromycin	↔	↑	↔	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔

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Note, please check product labels for any additional cardiac warnings.

## Notes:

Linezolid + Baricitinib, sarilumab, tocilizumab

Caution is required due to potential additive haematological toxicity.

No interactions are expected with the COVID-19 therapies listed and the following antibacterials:

Amikacin	Dapsone	Para-aminosalicylic acid
Amoxicillin	Doxycycline	Penicillins
Ampicillin	Ertapenem	Piperacillin
Capreomycin	Ethambutol	Pyrazinamide
Cefalexin	Ethionamide	Rifaximin
Cefazolin	Flucloxacillin	Spectinomycin
Cefepime	Gentamicin	Streptomycin
Cefixime	Imipenem/Cilastatin	Sulfadiazine
Cefotaxime	Isoniazid	Tazobactam
Ceftazidime	Kanamycin	Tetracyclines
Ceftriaxone	Meropenem	Tinidazole
Chloramphenicol	Metronidazole	Trimethoprim/Sulfamethoxazole
Clavulanic acid	Nitrofurantoin	Vancomycin
Cloxacillin		
Cycloserine		

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## Interactions with Key COVID-19 Therapies

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

## Anti-coagulant, Anti-platelet and Fibrinolytic

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMVR <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Acenocoumarol	↔	↓	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Apixaban	↔	↑	↔	↓	↔	↔	↔	↓	↓	↔	↔	↔	↔
Argatroban	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Aspirin (anti-platelet)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Betrixaban	↔	↑	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clopidogrel	↔	↓	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Clopidogrel (recently stented patients)	↔	↓	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Dabigatran	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dalteparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dipyridamole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Edoxaban	↔	↑	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔
Enoxaparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fondaparinux	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Heparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phenprocoumon	↔	↑↓	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Prasugrel	↔	↔	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Rivaroxaban	↔	↑	↔	↓	↔	↔	↔	↓	↓	↔	↔	↔	↔
Streptokinase	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ticagrelor	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Tinzaparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Warfarin	↔	↓	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑↑ Potential increased exposure of COVID drug
- ↓↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

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## Notes:

Acenocoumarol, phenprocoumon, warfarin + Sarilumab or tocilizumab

Monitor INR with vitamin K antagonists (e.g., acenocoumarol, phenprocoumon, warfarin).

Acenocoumarol, phenprocoumon, warfarin + Dexamethasone, hydrocortisone, methylprednisolone

Efficacy of coumarin anticoagulants may be enhanced by concurrent corticosteroid therapy and close monitoring of the INR or prothrombin time is required to avoid spontaneous bleeding.

Apixaban, betrixaban, dabigatran, edoxaban, rivaroxaban + Dexamethasone

COVID-19 is associated with hypercoagulopathy and an excess of thrombotic complications, and alternatives e.g. low molecular weight heparins may be considered in patients with severe COVID19 disease. Note, any reduction in drug concentrations may persist for up to 14 days after dexamethasone course is complete.

Apixaban, argatroban, betrixaban, dabigatran, edoxaban, rivaroxaban + Methylprednisolone

There are reports of enhanced as well as diminished effects of anticoagulants when given concurrently with corticosteroids. Therefore, coagulation indices should be monitored to maintain the desired anticoagulant effects.

Aspirin (anti-platelet) + Dexamethasone, hydrocortisone, methylprednisolone

Product labels for aspirin advise caution in patients receiving concomitant medications which could increase the risk of ulceration, such as oral corticosteroids.

Clopidogrel (± recently stented patients) + Nirmatrelvir/ritonavir

Management of this interaction should take into account whether or not a transient loss of clopidogrel efficacy during the short duration of nirmatrelvir/ritonavir treatment is acceptable. Avoid coadministration in patients at very high-risk of thrombosis, e.g. at least within 6 weeks of coronary stenting. A transient loss in efficacy may be acceptable in other clinical situations, allowing clopidogrel to continue.

Dabigatran + Nirmatrelvir/ritonavir

No pharmacokinetic interaction expected if nirmatrelvir/ritonavir is administered **simultaneously** with dabigatran.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMVR	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

Red	These drugs should not be coadministered
Orange	Potential interaction which may require a dose adjustment or close monitoring.
Yellow	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
Green	No clinically significant interaction expected

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

## Anticonvulsants

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Brivaracetam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Carbamazepine	↔	↓	↓	↓	↓	↓	↔	↓	↓	↔	↔	↔	↔
Clonazepam	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Eslicarbazepine	↔	↓	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Ethosuximide	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Gabapentin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lacosamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lamotrigine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Levetiracetam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oxcarbazepine	↔	↓	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Perampanel	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phenobarbital (Phenobarbitone)	↔	↓	↓	↓	↓	↓	↔	↓	↓	↔	↔	↔	↔
Phenytoin	↔	↓	↓	↓	↓	↓	↔	↓	↓	↔	↔	↔	↔
Pregabalin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Primidone	↔	↓	↓	↓	↓	↓	↔	↓	↓	↔	↔	↔	↔
Retigabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rufinamide	↔	↓	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Sultiame	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tiagabine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Topiramate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Valproate (Divalproex)	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Vigabatrin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zonisamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

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## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

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

## Antidepressants

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Agomelatine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Amitriptyline	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bupropion	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Citalopram	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clomipramine	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Desipramine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Doxepin	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Duloxetine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Escitalopram	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fluoxetine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Imipramine	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lithium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Maprotiline	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mianserin	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Milnacipran	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mirtazapine	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nefazodone	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nortriptyline	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Paroxetine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phenelzine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Reboxetine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sertraline	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
St John's wort	↔	↓	↓	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Tranlycypromine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Trazodone	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Trimipramine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Venlafaxine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Vortioxetine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

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## Notes:

**Lithium + Dexamethasone, hydrocortisone, methylprednisolone**

If electrolyte imbalance occurs with dexamethasone, hydrocortisone or methylprednisolone, there is potential for altered lithium excretion. The clinical significance of this is unclear but monitoring of lithium effects may be required, particularly in patients with renal impairment or with other conditions pre-disposing to lithium toxicity.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

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## Anti-diabetics

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Acarbose	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Canagliflozin	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dapagliflozin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dulaglutide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Empagliflozin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Exenatide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Glibenclamide (Glyburide)	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Gliclazide	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Glimepiride	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Glipizide	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Insulin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Linagliptin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Liraglutide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Metformin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nateglinide	↔	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pioglitazone	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Repaglinide	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rosiglitazone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Saxagliptin	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sitagliptin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tolbutamide	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Vildagliptin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication  
 ↓ Potential decreased exposure of the comedication  
 ↑ Potential increased exposure of COVID drug  
 ↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Notes:

**Antidiabetics (if amber) + Nirmatrelvir/ritonavir**

Patients should be advised to monitor blood sugar levels at home.

**Antidiabetics + Dexamethasone or hydrocortisone**

The desired effects of hypoglycaemic agents can be antagonised by dexamethasone or hydrocortisone and blood glucose monitoring is recommended.

**Antidiabetics + Methylprednisolone**

Corticosteroids may increase blood glucose concentrations and dosage adjustments of antidiabetic agents may be required.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

Red	These drugs should not be coadministered
Orange	Potential interaction which may require a dose adjustment or close monitoring.
Yellow	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
Green	No clinically significant interaction expected

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## Interactions with Key COVID-19 Therapies

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

## Antifungals

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Amphotericin B	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Anidulafungin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Caspofungin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fluconazole	↔	↔	↔	↔	↔	↔	↑ 22%	↔	↔	↔	↔	↔	↔
Flucytosine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Griseofulvin	↔	↓	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Isavuconazole	↔	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Itraconazole	↔	↑↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ketoconazole	↔	↑	↔	↔	↔	↔	↑ 21%	↔	↔	↔	↔	↔	↔
Micafungin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Miconazole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nystatin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Posaconazole	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Terbinafine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Voriconazole	↔	↑↓↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication  
 ↓ Potential decreased exposure of the comedication  
 ↑ Potential increased exposure of COVID drug  
 ↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

- ♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Notes:

**Amphotericin B + Dexamethasone, hydrocortisone, methylprednisolone**

Close monitoring is advised as dexamethasone, hydrocortisone, methylprednisolone and amphotericin may cause hypokalaemia which increases the risk of torsade de pointes. Before the start of corticosteroid treatment, hypokalaemia should be corrected and patients should be monitored clinically, for electrolytes and by ECG.

**Voriconazole + Nirmatrelvir/ritonavir**

Voriconazole concentrations may decrease in individuals with functional CYP2C19 or increase in individuals with loss-of-function in CYP2C19.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

Red	These drugs should not be coadministered
Orange	Potential interaction which may require a dose adjustment or close monitoring.
Yellow	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
Green	No clinically significant interaction expected

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

## Antimalarials

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Amodiaquine	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Artemether	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Artesunate	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Atovaquone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Halofantrine	↔	↑♥	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Lumefantrine	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mefloquine	↔	↓↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Piperaquine	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Primaquine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Proguanil	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pyrimethamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Quinine	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sulfadoxine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication  
 ↓ Potential decreased exposure of the comedication  
 ↑ Potential increased exposure of COVID drug  
 ↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Notes:

Primaquine or Pyrimethamine + Baricitinib, sarilumab, tocilizumab  
 Caution is required due to potential additive haematological toxicity.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

■	These drugs should not be coadministered
■	Potential interaction which may require a dose adjustment or close monitoring.
■	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
■	No clinically significant interaction expected

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

## Antipsychotics/Neuroleptics

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Amisulpride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Aripiprazole	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Asenapine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Chlorpromazine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clozapine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fluphenazine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Haloperidol	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Iloperidone	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Levomepromazine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Olanzapine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Paliperidone	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Perazine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Periciazine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Perphenazine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pimozide	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pipotiazine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Quetiapine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Risperidone	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sulpiride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Thioridazine	↔	↑	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Tiapride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ziprasidone	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zotepine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zuclopenthixol	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

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## Notes:

Clozapine + Baricitinib, sarilumab, tocilizumab

Caution is required due to potential additive haematological toxicity.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

Red	These drugs should not be coadministered
Orange	Potential interaction which may require a dose adjustment or close monitoring.
Yellow	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
Green	No clinically significant interaction expected

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

## Anxiolytics/Hypnotics/Sedatives

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Alprazolam	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bromazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Buspirone	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Chlordiazepoxide	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clobazam	↔	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clorazepate	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Diazepam	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Estazolam	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Flunitrazepam	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Flurazepam	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Hydroxyzine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lorazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lormetazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Midazolam (oral)	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Midazolam (parenteral)	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oxazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Temazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Triazolam	↔	↑	↔	↓ 19%	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zaleplon	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zolpidem	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zopiclone	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

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## Notes:

Hydroxyzine, zolpidem, zopiclone + Nirmatrelvir/ritonavir  
Patients should be advised of the risk of increased sedation.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

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Orange	Potential interaction which may require a dose adjustment or close monitoring.
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Management of interactions with nirmatrelvir/ritonavir (Paxlovid) may be complex and full details should be obtained from the website.

## Beta Blockers

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Atenolol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bisoprolol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Carvedilol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Metoprolol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nebivolol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oxprenolol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pindolol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Propranolol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Timolol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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5 Xevudy™  
6 Evusheld™

## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

- ♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

■	These drugs should not be coadministered
■	Potential interaction which may require a dose adjustment or close monitoring.
■	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
■	No clinically significant interaction expected

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

## Bronchodilators

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Acclidinium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Aminophylline	↔	↓	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Formoterol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Glycopyrronium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Indacaterol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ipratropium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Montelukast	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Olodaterol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Roflumilast	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Salbutamol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Salmeterol	↔	↑♥	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Theophylline	↔	↓	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔
Tiotropium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Umeclidinium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Vilanterol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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6 Evusheld™

## Text Legend

- ↑ Potential increased exposure of the comedication  
 ↓ Potential decreased exposure of the comedication  
 ↑ Potential increased exposure of COVID drug  
 ↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Notes:

Aminophylline + Nirmatrelvir/ritonavir, sarilumab or tocilizumab

Aminophylline is a complex of theophylline and ethylenediamine and is given for its theophylline activity. Coadministration may decrease theophylline concentrations.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

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■	Potential interaction which may require a dose adjustment or close monitoring.
■	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
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Management of interactions with nirmatrelvir/ritonavir (Paxlovid) may be complex and full details should be obtained from the website.

## Calcium Channel Blockers

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Amlodipine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Diltiazem	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Felodipine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nicardipine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nifedipine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nisoldipine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nitrendipine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Verapamil	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Notes:

## Calcium channel blockers + Nirmatrelvir/ritonavir

A dose adjustment could be optional given that patients can be advised to monitor for symptoms of hypotension, flushing and oedema and, if necessary, to temporarily pause the antihypertensive drug.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

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■	Potential interaction which may require a dose adjustment or close monitoring.
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Management of interactions with nirmatrelvir/ritonavir (Paxlovid) may be complex and full details should be obtained from the website.

## Contraceptives/HRT - Contraceptives

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Desogestrel (COC)	↔	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Desogestrel (POP)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Drospirenone (COC)	↔	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ethinylestradiol	↔	↓	↔	↔	↔	↔	↑ <1%	↔	↔	↔	↔	↔	↔
Etonogestrel (implant)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Etonogestrel (vaginal ring)	↔	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Gestodene (COC)	↔	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Levonorgestrel (COC)	↔	↑↓	↔	↔	↔	↔	↓ 12%	↔	↔	↔	↔	↔	↔
Levonorgestrel (emergency con.)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Levonorgestrel (implant)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Levonorgestrel (IUD)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Levonorgestrel (POP)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Medroxyprogesterone (depot inj)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Norelgestromin (patch)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Norethisterone (COC)	↔	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Norethisterone (IM depot)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Norethisterone (POP)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Norgestimate (COC)	↔	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Norgestrel (COC)	↔	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ulipristal	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

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## Notes:

COC – Combined oral contraceptive; POP – Progestogen only pill; IUD – Intra-uterine device

COCs, etonogestrel vaginal ring + Nirmatrelvir/ritonavir

Coadministration may increase progestogen exposure, but the estrogen component is expected to be reduced. This is unlikely to impair contraceptive efficacy, particularly considering the short duration of nirmatrelvir/ritonavir treatment, though it may increase the risk of irregular bleeding. However, Paxlovid product labels state patients using combined hormonal contraceptives should be advised to use an effective alternative contraceptive method or an additional barrier method of contraception during treatment with nirmatrelvir/ritonavir, and until one menstrual cycle after stopping nirmatrelvir/ritonavir.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

Red	These drugs should not be coadministered
Orange	Potential interaction which may require a dose adjustment or close monitoring.
Yellow	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
Green	No clinically significant interaction expected

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

## Contraceptives/HRT - Hormone Replacement Therapy

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Drospirenone (HRT)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dydrogesterone (HRT)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Estradiol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Levonorgestrel (HRT)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Medroxyprogesterone (oral)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Norethisterone (HRT)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Norgestrel (HRT)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑↑ Potential increased exposure of COVID drug
- ↓↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

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

## Covid-19 Adjunct Therapies

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Aspirin (Covid-19 adjunct)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dalteparin (Covid-19 adjunct)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Enoxaparin (Covid-19 adjunct)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑↑ Potential increased exposure of COVID drug
- ↓↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

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## Notes:

Aspirin + Dexamethasone, hydrocortisone, methylprednisolone

Product labels for aspirin advise caution in patients receiving concomitant medications which could increase the risk of ulceration, such as oral corticosteroids.

## Abbreviations

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NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

■	These drugs should not be coadministered
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■	No clinically significant interaction expected

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

## Covid-19 Antiviral Therapies

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Azithromycin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bamlanivimab/Etesevimab	↔	↔	↔	↔	↔	↔	↔	↔	↔		↔	↔	↔
Casirivimab/Imdevimab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔		↔	↔
Chloroquine	↔	↑♥	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Favipiravir	↔	↔	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
Hydroxychloroquine	↔	↑♥	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Interferon beta	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ivermectin	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Molnupiravir		↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Niclosamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nirmatrelvir/ritonavir	↔		↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nitazoxanide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Remdesivir	↔	↔		↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ribavirin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sotrovimab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔		↔
Tixagevimab/Cilgavimab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	

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## Text Legend

- ↑ Potential increased exposure of the comedication  
 ↓ Potential decreased exposure of the comedication  
 ↑ Potential increased exposure of COVID drug  
 ↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Notes:

*Chloroquine or Hydroxychloroquine + Baricitinib, sarilumab or tocilizumab*  
 Use with caution due to potential additive toxicity.

*Chloroquine or Hydroxychloroquine + Dexamethasone, hydrocortisone, methylprednisolone*  
 Caution is recommended as there is an increased risk of myopathies

*Interferon beta + Baricitinib, sarilumab or tocilizumab*  
 Use with caution due to increased risk of haematological toxicity.

*Ribavirin + Baricitinib*  
 Use with caution due to potential additive haematological toxicity.

*Ribavirin + Sarilumab or tocilizumab*  
 The risk of haematological toxicity may be potentially increased as ribavirin and sarilumab or tocilizumab can cause myelosuppression. Closely monitor haematological parameters.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

	These drugs should not be coadministered
	Potential interaction which may require a dose adjustment or close monitoring.
	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
	No clinically significant interaction expected

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

## Covid-19 Host-directed Therapies

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Anakinra	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Baricitinib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Budesonide (inhaled)	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Canakinumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Colchicine	↔	↑	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔
Covid-19 convalescent plasma	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Covid-19 vaccines	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dexamethasone (low dose)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fluvoxamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Hydrocortisone (oral or IV)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Infliximab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methylprednisolone (oral or IV)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ruxolitinib	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sarilumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tocilizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication  
 ↓ Potential decreased exposure of the comedication  
 ↑ Potential increased exposure of COVID drug  
 ↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Notes:

Baricitinib, sarilumab or tocilizumab and other immune therapies

Coadministration of some immune therapies is not recommended due to the enhanced immunosuppressive effect and/or the risk of serious infections.

Covid-19 Vaccines + Bamlanivimab/Etesevimab, Casirivimab/Imdevimab, Sotrovimab, Tixagevimab/Cilgavimab

Currently, limited data are available on the safety and effectiveness of COVID-19 vaccines in people who have received passive antibody products (anti-SARS-CoV-2 monoclonal antibodies) as part of COVID-19 treatment or post-exposure prophylaxis. Although the American Centers for Disease Control and Prevention advises delaying COVID-19 vaccination for 30 days following passive antibody use for PEP and 90 days following treatment, the UK Health Security Agency indicates advises that no interval is required. Please check local guidance. Note, given the long half-lives of sotrovimab (~49 days), tixagevimab (~88 days) and cilgavimab (~83 days) if vaccination is delayed, an interval of greater than 90 days may be required.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

Red	These drugs should not be coadministered
Orange	Potential interaction which may require a dose adjustment or close monitoring.
Yellow	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
Green	No clinically significant interaction expected

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

## Gastrointestinal Agents

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Alosetron	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Antacids	↔	↔	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Bisacodyl	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cimetidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cisapride	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Esomeprazole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Famotidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lactulose	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lansoprazole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Loperamide	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Magnesium salts (oral)	↔	↔	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Mesalazine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Omeprazole	↔	↔	↔	↔	↔	↔	↑ 7%	↔	↔	↔	↔	↔	↔
Pantoprazole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Prucalopride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rabeprazole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ranitidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Senna	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Notes:

**Antacids + oral dexamethasone, hydrocortisone, methylprednisolone**

Administration of oral dexamethasone, hydrocortisone or methylprednisolone and antacids should be separated by 2 hours.

**Bisacodyl, lactulose, prucalopride, senna + dexamethasone, hydrocortisone, methylprednisolone**

Close monitoring is advised as dexamethasone, hydrocortisone, methylprednisolone and laxatives may cause hypokalaemia (mainly in cases of laxative misuse/overdose) which increases the risk of torsade de pointes. Before the start of corticosteroid treatment, hypokalaemia should be corrected and patients should be monitored clinically, for electrolyte imbalance and by ECG.

**Magnesium salts + oral dexamethasone, hydrocortisone, methylprednisolone**

Administration of oral dexamethasone, hydrocortisone or methylprednisolone and magnesium salts should be separated by 2-4 hours.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

Red box	These drugs should not be coadministered
Orange box	Potential interaction which may require a dose adjustment or close monitoring.
Yellow box	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
Green box	No clinically significant interaction expected

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

## Gastrointestinal Agents – Anti-emetics

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Aprepitant	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cyclizine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dolasetron	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Domperidone	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dronabinol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Granisetron	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Metoclopramide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ondansetron	↔	↔	↔	↔	↔	↔	↑♥	↔	↔	↔	↔	↔	↔
Prochlorperazine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

- ♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

Red	These drugs should not be coadministered
Orange	Potential interaction which may require a dose adjustment or close monitoring.
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Green	No clinically significant interaction expected

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

## HCV DDAs

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Elbasvir/Grazoprevir	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Glecaprevir/Pibrentasvir	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ledipasvir/Sofosbuvir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ombitasvir/Paritaprevir/r	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ombitasvir/Paritaprevir/r + Dasabuvir	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sofosbuvir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sofosbuvir/Velpatasvir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sofosbuvir/Velpatasvir/Voxilaprevir	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

- ♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

■	These drugs should not be coadministered
■	Potential interaction which may require a dose adjustment or close monitoring.
■	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
■	No clinically significant interaction expected

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

## HIV Antiretroviral Therapies

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Abacavir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Albuvirtide	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Atazanavir alone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Atazanavir + ritonavir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Atazanavir/cobicistat	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bictegravir/emtricitabine/TAF	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cabotegravir (oral)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cabotegravir/rilpivirine (long acting)	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔
Darunavir + ritonavir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Darunavir/cobicistat	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Darunavir/cobi/emtricitabine/TAF	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dolutegravir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dolutegravir/lamivudine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dolutegravir/rilpivirine	↔	↔	↔	↓ (RPV)	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dolutegravir/abacavir/lamivudine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Doravirine	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔
Doravirine/lamivudine/TDF	↔	↔	↔	↓ (DOR)	↔	↔	↔	↔	↔	↔	↔	↔	↔
Efavirenz	↔	↓ (RTV)	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Elvitegravir/cobi/emtricitabine/TAF	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Elvitegravir/cobi/emtricitabine/TDF	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Emtricitabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Emtricitabine/tenofovir alafenamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Emtricitabine/tenofovir-DF	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Etravirine	↔	↔	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Fostemsavir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ibalizumab-uiyk	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lamivudine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lopinavir/ritonavir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Maraviroc	↔	↑	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nevirapine	↔	↓ (RTV)	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Raltegravir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rilpivirine	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rilpivirine/emtricitabine/TAF	↔	↔	↔	↓ (RPV)	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rilpivirine/emtricitabine/TDF	↔	↔	↔	↓ (RPV)	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tenofovir-DF	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zidovudine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

- ♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Notes:

## Dexamethasone

Note, any reduction in comedication concentrations may persist for up to 14 days after dexamethasone course is complete.

## Cobicistat or ritonavir containing regimens + Nirmatrelvir/ritonavir

No dosage modification required but patients should be informed about the potential occurrence of adverse effects due to additional ritonavir.

## Dolutegravir/Rilpivirine, Rilpivirine, Rilpivirine/Emtricitabine/TAF + Dexamethasone.

Dexamethasone is a dose dependent CYP3A4 inducer and may decrease rilpivirine concentrations due to induction of CYP3A4. Although the level of induction at the dose recommended for COVID (6 mg/day) is likely to be relatively modest, we advise either using hydrocortisone (IV, 200 mg/day) or, alternatively, giving dexamethasone but doubling the dose of rilpivirine to 50 mg once daily. This dose should be maintained for ~ 2 weeks after the end of treatment as any reduction in rilpivirine concentrations may persist for up to 14 days after stopping dexamethasone.

Zidovudine - Use with caution due to potential additive toxicity.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	Tixagevimab/Cilgavimab

## Colour Legend

Red	These drugs should not be coadministered
Orange	Potential interaction which may require a dose adjustment or close monitoring.
Yellow	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
Green	No clinically significant interaction expected

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

## Hypertensives – ACE inhibitors

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Benazepril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Captopril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cilazapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Enalapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fosinopril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lisinopril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Perindopril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Quinapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ramipril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Trandolapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication  
 ↓ Potential decreased exposure of the comedication  
 ↑ Potential increased exposure of COVID drug  
 ↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Hypertensives – Angiotensin antagonists

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Candesartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Eprosartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Irbesartan	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Losartan	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Olmesartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Telmisartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Valsartan	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication  
 ↓ Potential decreased exposure of the comedication  
 ↑ Potential increased exposure of COVID drug  
 ↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Notes:

Valsartan + Nirmatrelvir/ritonavir

Patients should be advised to monitor for signs or symptoms of hypotension.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

Red	These drugs should not be coadministered
Orange	Potential interaction which may require a dose adjustment or close monitoring.
Yellow	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
Green	No clinically significant interaction expected

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

## Hypertensives – Diuretics

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Amiloride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bendroflumethiazide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Chlortalidone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Furosemide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Hydrochlorothiazide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Indapamide	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Metolazone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Torsemide	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Xipamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication  
↓ Potential decreased exposure of the comedication  
↑ Potential increased exposure of COVID drug  
↓ Potential decreased exposure of COVID drug  
↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Notes:

Bendroflumethiazide, chlortalidone, furosemide, hydrochlorothiazide, indapamide, metolazone, torsemide, xipamide + Dexamethasone, hydrocortisone, methylprednisolone

Close monitoring of potassium levels is advised as dexamethasone, hydrocortisone or methylprednisolone may cause hypokalaemia, the effect of which will be enhanced by the diuretic. In cases of hypokalaemia, potassium levels should be corrected.

Indapamide + Nirmatrelvir/ritonavir

Patients should be advised to monitor for signs or symptoms of hypotension.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

■	These drugs should not be coadministered
■	Potential interaction which may require a dose adjustment or close monitoring.
■	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
■	No clinically significant interaction expected

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

## Hypertensives – Other agents

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Aliskiren	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clonidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dopamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Doxazosin	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Eplerenone	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Hydralazine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Isosorbide dinitrate	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ivabradine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Labetalol	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lacidipine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lercanidipine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methyldopa	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Moxonidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Prazosin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ranolazine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sacubitril	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sodium nitroprusside	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Spironolactone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Terazosin	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication  
 ↓ Potential decreased exposure of the comedication  
 ↑ Potential increased exposure of COVID drug  
 ↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

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## Notes:

*Doxazosin, lacidipine, sacubitril, terazosin + Nirmatrelvir/ritonavir*

Patients should be advised to monitor for signs or symptoms of hypotension.

*Labetalol + Nirmatrelvir/ritonavir*

Patients should be advised to monitor blood pressure if possible.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

Red	These drugs should not be coadministered
Orange	Potential interaction which may require a dose adjustment or close monitoring.
Yellow	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
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Management of interactions with nirmatrelvir/ritonavir (Paxlovid) may be complex and full details should be obtained from the website.

## Hypertensives – Pulmonary hypertension

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Ambrisentan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bosentan	↔	↑	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Epoprostenol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Iloprost	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Macitentan	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Riociguat	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Selexipag	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sildenafil	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tadalafil	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Treprostinil	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

- ♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

■	These drugs should not be coadministered
■	Potential interaction which may require a dose adjustment or close monitoring.
■	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
■	No clinically significant interaction expected

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

## Illicit/Recreational

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Alcohol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Amphetamine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cannabis	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Carfentanil	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cocaine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ecstasy (MDMA)	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
GHB (Gamma-hydroxybutyrate)	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Heroin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
LSD (Lysergic acid diethylamide)	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methamphetamine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Poppers (Amyl nitrate)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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6 Evusheld™

## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

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## Notes:

## Carfentanil

Carfentanil is an extremely strong opiate, reported to be up to 10,000 times more potent than morphine, and multiple deaths have resulted from its use. Advise patients to avoid.

## Heroin + Nirmatrelvir/ritonavir

Coadministration may potentiate the effects of opiate in the CNS (via inhibition of P-gp at the blood-brain barrier). Monitor for opiate toxicity.

## Abbreviations

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NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

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Orange	Potential interaction which may require a dose adjustment or close monitoring.
Yellow	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
Green	No clinically significant interaction expected

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

## Immunosuppressants

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NM/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Adalimumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Anti-thymocyte globulin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Azathioprine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Basiliximab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Belatacept	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ciclosporin	↔	↑	↔	↓	↔	↔	↑ 29%	↓	↓	↔	↔	↔	↔
Everolimus	↔	↑	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methotrexate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mycophenolate	↔	↑↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pirfenidone	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sirolimus	↔	↑	↔	↓	↔	↔	↔	↓	↓	↔	↔	↔	↔
Tacrolimus	↔	↑	↔	↓	↔	↔	↔	↓	↓	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication  
 ↓ Potential decreased exposure of the comedication  
 ↑ Potential increased exposure of COVID drug  
 ↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

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## Notes:

**Azathioprine + sarilumab or tocilizumab**

Caution is required due to potential additive haematological toxicity.

**Azathioprine, ciclosporin, tacrolimus + baricitinib**

The European product label for baricitinib advises caution as the risk of additive immunosuppression cannot be excluded.

The US product label for baricitinib states that baricitinib in combination with potent immunosuppressants is not recommended.

**Belatacept**

Caution is required due to potential additive haematological toxicity.

**Ciclosporin, everolimus, sirolimus, tacrolimus + dexamethasone**

Note, any reduction in comedication concentrations may persist for up to 14 days after dexamethasone course is complete.

**Ciclosporin + nirmatrelvir/ritonavir**

Management of this interaction is challenging and would require dosage adjustment and therapeutic drug monitoring of ciclosporin which may not be possible given the short duration of nirmatrelvir/ritonavir treatment. An alternative COVID treatment will need to be considered. However, if frequent therapeutic drug monitoring for ciclosporin is available, an empiric dose reduction of ciclosporin has been suggested (reduce total daily dose by 80% and consider administering once daily) during treatment with nirmatrelvir/ritonavir (days 1-5). Ciclosporin concentrations should be assessed on day 6 or 7 and repeated every 2-4 days. Ciclosporin doses should be increased once concentrations approach the therapeutic target. Frequent re-assessment should continue for a period of at least two weeks given the variable time course of CYP3A enzyme recovery.

**Methotrexate + baricitinib, sarilumab, tocilizumab**

Caution is required due to the risk of additive haematological toxicity. Additional monitoring should be considered.

**Tacrolimus + nirmatrelvir/ritonavir**

Management of this interaction is challenging and would require a substantial reduction in tacrolimus dosage and therapeutic drug monitoring of tacrolimus which may not be possible given the short duration of nirmatrelvir/ritonavir treatment. Considering the complex management of this interaction, an alternative COVID treatment will need to be considered. However, if frequent therapeutic drug monitoring for tacrolimus is available, it has been suggested to withhold all tacrolimus doses during treatment with nirmatrelvir/ritonavir (days 1-5). If feasible, it would be advisable to measure tacrolimus concentrations on day 3 to assess the need for a one-time tacrolimus dose during nirmatrelvir/ritonavir treatment. Tacrolimus concentrations should be assessed on day 6 or 7 (and every 2-4 days thereafter) and concentrations used to guide the continued withholding or gradual reintroduction of tacrolimus. Frequent re-assessment should continue for a period of at least two weeks given the variable time course of CYP3A enzyme recovery.

## Abbreviations

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NM/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

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Orange	Potential interaction which may require a dose adjustment or close monitoring.
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Green	No clinically significant interaction expected

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

## Inotropes &amp; Vasopressors

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Adrenaline (Epinephrine)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dobutamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Noradrenaline	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Vasopressin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑↑ Potential increased exposure of COVID drug
- ↓↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

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## Abbreviations

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NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

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

## Lipid Lowering Agents

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Atorvastatin	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bezafibrate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clofibrate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Evolocumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ezetimibe	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fenofibrate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fish oils	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fluvastatin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Gemfibrozil	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lovastatin	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pitavastatin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pravastatin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rosuvastatin	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Simvastatin	↔	↑	↔	↔	↔	↔	↓ 17%	↓ 54%	↓ 57%	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication  
 ↓ Potential decreased exposure of the comedication  
 ↑ Potential increased exposure of COVID drug  
 ↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

- ♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined. Note, please check product labels for any additional cardiac warnings.

## Notes:

Atorvastatin, lovastatin, rosuvastatin, simvastatin + nirmatrelvir/ritonavir

Given the short duration of nirmatrelvir/ritonavir treatment, the statin should be stopped for the duration of nirmatrelvir/ritonavir therapy and restarted 3 days after the last dose of nirmatrelvir/ritonavir.

## Abbreviations

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NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

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## Multiple Sclerosis Agents

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Alemtuzumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Baclofen	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cladribine	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fingolimod	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Siponimod	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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## Text Legend

- ↑ Potential increased exposure of the comedication  
 ↓ Potential decreased exposure of the comedication  
 ↑↑ Potential increased exposure of COVID drug  
 ↓↓ Potential decreased exposure of COVID drug  
 ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

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## Notes:

*Alemtuzumab, cladribine + baricitinib, sarilumab, tocilizumab*

Caution is advised due to the potential for enhanced immunosuppression with the combination.

*Fingolimod + dexamethasone, hydrocortisone, methylprednisolone*

Caution is advised due to the potential for enhanced immunosuppression with the combination. However, in multiple sclerosis clinical studies the concomitant treatment of relapses with a short course of corticosteroids was not associated with an increased rate of infection.

*Fingolimod + baricitinib, sarilumab, tocilizumab*

Additional immunosuppressive therapies, such as baricitinib, sarilumab or tocilizumab, should be used with caution with fingolimod, due to additive effects.

*Siponimod + dexamethasone, hydrocortisone, methylprednisolone*

Caution is advised when administering with another immunosuppressant, such as these corticosteroids, due to possible additive effect.

*Siponimod + baricitinib, sarilumab, tocilizumab*

Caution is advised when administering with another immunosuppressant, such as baricitinib, sarilumab or tocilizumab, due to possible additive effect.

## Abbreviations

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NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

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

## Others

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Acetylcysteine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Aciclovir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Alendronic acid	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Alfuzosin	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Allopurinol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Calcium supplements	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Carbocysteine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dextromethorphan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Donepezil	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Eltrombopag	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Entecavir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Enzalutamide	↔	↓	↓	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Finasteride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Folic acid	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Guaifenesin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Levodopa	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Levothyroxine	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔	↔
Magnesium sulphate (IV)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Melatonin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Memantine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mirabegron	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oseltamivir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Potassium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pramipexole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pyridostigmine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tamsulosin	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

1 Lagevrio™

2 Paxlovid™

3 Veklury™

4 Ronapreve™, Regen-Cov™

5 Xevudy™

6 Evusheld™

## Text Legend

- ↑ Potential increased exposure of the comedication
- ↓ Potential decreased exposure of the comedication
- ↑ Potential increased exposure of COVID drug
- ↓ Potential decreased exposure of COVID drug
- ↔ No significant effect

Numbers refer to increase/decrease in AUC as observed in drug-drug interaction studies.

♥ This interaction involves drugs identified by [www.crediblemeds.org](http://www.crediblemeds.org) as having a known, possible or conditional risk of QT prolongation and/or TdP. Risk may be related to dose or concentration (due to DDIs) and/or additive if two or more such drugs are combined.

Note, please check product labels for any additional cardiac warnings.

## Notes:

Alfuzosin+ nirmatrelvir/ritonavir

Given the short duration of nirmatrelvir/ritonavir treatment, alfuzosin should be stopped for the duration of nirmatrelvir/ritonavir therapy and restarted 3 days after the last dose of nirmatrelvir/ritonavir.

## Abbreviations

MOL	Molnupiravir	DEX	Dexamethasone	BAR	Baricitinib	Anti-SARS-CoV-2 mABs Bamlanivimab/Etesevimab Casirivimab/Imdevimab Sotrovimab Tixagevimab/Cilgavimab
NMV/r	Nirmatrelvir/ritonavir	HC	Hydrocortisone	SAR	Sarilumab	
RDV	Remdesivir	MP	Methylprednisolone	TCZ	Tocilizumab	

## Colour Legend

Red	These drugs should not be coadministered
Orange	Potential interaction which may require a dose adjustment or close monitoring.
Yellow	Potential interaction likely to be of weak intensity. Additional action/monitoring or dosage adjustment unlikely to be required.
Green	No clinically significant interaction expected

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## Interactions with Key COVID-19 Therapies

Charts revised 14 February 2022

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Please check [www.covid19-druginteractions.org](http://www.covid19-druginteractions.org) for updates.

Please note that if a drug is not listed it cannot automatically be assumed it is safe to coadminister. No recommendation to use experimental therapy for COVID-19 is made. 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.

## Steroids

	Antivirals			Corticosteroids			Host-directed			Anti-SARS-CoV-2 mABs			
	MOL <sup>1</sup>	NMV/r <sup>2</sup>	RDV <sup>3</sup>	DEX	HC	MP	BAR	SAR	TCZ	B/E	C/I <sup>4</sup>	SOT <sup>5</sup>	T/C <sup>6</sup>
Beclometasone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Betamethasone	↔	↔	↔	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔
Budesonide (oral/rectal)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ciclesonide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clobetasol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fludrocortisone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Flunisolide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fluocinolone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fluticasone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Hydrocortisone (topical)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Megestrol acetate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methylprednisolone (topical)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mometasone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nandrolone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oxandrolone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Prednisolone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Prednisone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Stanozolol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Testosterone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Triamcinolone	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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