Assessing a patient for Paxlovid (nirmatrelvir/ritonavir)

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

Data are limited or absent; therefore, risk-benefit assessment for any individual patient rests with prescribers.

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**ANY OF THE FOLLOWING:**
• <18 years (check local age restrictions)
• Pregnancy (discuss the benefits/risks of treatment with the patient and a multidisciplinary team)
• Severe liver disease: Child Pugh Class C
• Unable to swallow tablets
• Prescribed any medicines below:

  - Amiodarone
  - Alfuzosin*
  - Alikiren
  - Bosentan
  - Carbamazepine
  - Ciclosporin
  - Clozapine
  - Clonazepam
  - Clozapemaz
  - Colchicine
  - Diazepam*
  - Disopyramide
  - Domperidone*
  - Disopyramide
  - Domperidone*
  - Dronedarone*
  - Enalapril
  - Enalaprilat
  - Eplerenone
  - Everolimus
  - Felecanide
  - Ivabradine
  - Lercanidipine*
  - Midazolam (oral)

  - *unless medicine can be stopped safely for 8 days
  - Note: list of medicines not exhaustive
  - and subject to change

Use [covid19-druginteractions.org](http://www.covid19-druginteractions.org) (or Paxlovid product label if medicine not listed) to check all medicines** including:
• OTC medicines
• Recreational drugs
• Prescription medicines e.g.,
  • systemic anticancer treatment (SACT) within last 28 days
  • ome substitution therapy
  • HCV/HBV/HIV treatment
  • steroid injections
  • depot antipsychotics
  • multiple sclerosis treatment

**ANY RED/AMBER INTERACTIONS?**

• Review full information on [covid19-druginteractions.org](http://www.covid19-druginteractions.org) and consider practicalities of advice/monitoring:

  • Can medicine be withheld safely for 8 days?
  e.g., simvastatin
  • Can a dose adjustment be done easily?
  e.g., be aware of patients on compliance devices or those who do not have tablets/liquid to allow dose change, or if there is concern re patient understanding. Consider alternative day dosing if a dose change is impractical.
  • Can the patient be advised regarding which adverse reactions to be aware of and what to do?
  • Clinical decision (including consulting a specialist if appropriate) based on all the individual patient information and discussion with patient to prescribe Paxlovid.

**eGFR (CrCl if >75 years) ≥30 ml/min**

YES

**<30 ml/min**

NO

Refer to our “Guidance for Paxlovid dosing in patients with renal disease and patients on dialysis”

**NO need to check medicines below on interaction website (list not exhaustive):**
• ACE inhibitors
• Acid reducing agents (antacids, PPIs, H2RAs)
• Aspirin
• Azathioprine
• Beta Blockers
• Corticosteroids (inhaled/topical)
• Fluvastatin
• Furosemide
• Gabapentin
• HRT
• Immunoglobulin
• Inhalers (except salmeterol)
• Insulin
• Levotyroxine
• Metformin
• Methotrexate
• Monoclonal antibodies (MABs) (except conjugated MABs)
• Mycohenolate
• NSAIDs (except piroxicam)
• Pravastatin
• Pregabalin

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