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.

Contents

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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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ADHD Agents

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Amphetamine mixed salts	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Atomoxetine	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Dexamfetamine	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Dexmethylphenidate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Guanfacine	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Lisdexamfetamine	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Methylphenidate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Serdexmethylphenidate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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:

Ensitrelvir or Nirmatrelvir/ritonavir + Atomoxetine
A clinically significant interaction is not expected in extensive metabolizers of CYP2D6. However, atomoxetine concentrations may increase in poor CYP2D6 metabolizers and caution is advised.

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Anaesthetics & Muscle Relaxants

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Alcuronium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bupivacaine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↓
Cisatracurium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cyclobenzaprine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Desflurane	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dexmedetomidine	↔	↔	↔	↓	↔♥	↔	↔	↔	↔	↔
Enflurane	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ephedrine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Esketamine (anaesthetic)	↑	↔	↑	↑						
Etidocaine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↓
Halothane	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Isoflurane	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Ketamine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↓
Methocarbamol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nitrous oxide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Propofol	↔	↔	↔	↓	↔♥	↔	↔	↔	↔	↔
Rocuronium	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Ropivacaine	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Sevoflurane	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Sufentanil	↑	↔	↑	↑	↔	↔	↔	↔	↔	↓
Suxamethonium (succinylcholine)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tetracaine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Thiopental	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tizanidine	↔	↔	↔	↓	↔♥	↔	↔	↔	↔	↔
Vecuronium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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Analgesics

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Alfentanil	↑	↔	↑	↑	↔	↔	↔	↔	↔	↓
Aspirin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Buprenorphine	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↓
Butalbital	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Celecoxib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Codeine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dexketoprofen	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dextropropoxyphene	↑	↔	↑	↑	↔	↔	↔	↔	↔	↓
Diamorphine (diacetylmorphine)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Diclofenac	↔	↔	↔	↔	↔	↔	↔	↔	⇑	↔
Dihydrocodeine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Etoricoxib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fentanyl	↑	↔	↑	↑	↔	↔	↔	↔	↔	↓
Hydrocodone	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Hydromorphone	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Ibuprofen	↔	↔	↔	↔	↔	↔	↔	↔	⇑	↔
Indometacin (Indomethacin)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ketoprofen	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ketorolac	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lornoxicam (Chlortenoxicam)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mefenamic acid	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Meloxicam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Metamizole	↑⇓	↔	↑⇓	↑⇓	↔	⇓	⇓	⇓	↔	↔
Methadone	↑	↔	↓	↓	↔ ♥	↔	↔	↔	↔	↔
Morphine	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Nabumetone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Naproxen	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nefopam	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Nimesulide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oxycodone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↓
Paracetamol (Acetaminophen)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pethidine (Meperidine)	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Piroxicam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Remifentanil	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tapentadol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tramadol	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔

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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.

Aspirin, Celecoxib, Dexketoprofen, Diclofenac, Etoricoxib, Ibuprofen, Indometacin, Ketoprofen, Ketorolac, Lornoxicam, Mefenamic acid, Meloxicam, Nabumetone, Naproxen, Nimesulide, Piroxicam + Dexamethasone, Hydrocortisone, Methylprednisolone
Patients should be monitored since the incidence and/or severity of gastro-intestinal ulceration may increase.

Metamizole + Baricitinib, Tocilizumab
Coadministration should be avoided due to the increased risk of haematological toxicity.

Abbreviations

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Antiarrhythmics

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Amiodarone	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↓
Bepridil	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Digoxin	↑ 31%	↔	↑	↑	↔	↔	↔	↔	↓ 10%	↔
Disopyramide	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Dofetilide	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Dronedarone	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Flecainide	↔	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Lidocaine (Lignocaine)	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Mexiletine	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Procainamide	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Propafenone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Quinidine	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↓

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Notes:

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.

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Antibacterials

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Azithromycin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Bedaquiline	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Ciprofloxacin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Clarithromycin	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Clindamycin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Delamanid	↑♥	↔	↑♥	↑♥	↔♥	↔	↔	↔	↔	↔
Erythromycin	↑♥	↔	↑♥	↑♥	↔♥	↔	↔	↔	↔	↔
Fusidic acid (oral or IV)	↑	↔	↑⇑	↑⇑	↔	↔	↔	↔	↔	↔
Gemifloxacin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Levofloxacin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Linezolid	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Moxifloxacin	↔	↔	↔	↓	↔♥	↔	↔	↔	↔	↔
Nafcillin	⇓	↔	⇓	⇓	↔	⇓	⇓	⇓	↔	↔
Ofloxacin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Rifabutin	↑	↔	↑	↑	↔	⇓	⇓	⇓	↔	↔
Rifampicin (Rifampin)	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	⇓ 34%	↔
Rifapentine	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	↔	↔
Roxithromycin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Teicoplanin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Telavancin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Telithromycin	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Tinidazole	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔

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Notes:

Linezolid, Nafcillin, Teicoplanin + Baricitinib, 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
Amoxicillin
Ampicillin
Capreomycin
Cefalexin
Cefazolin
Cefepime
Cefixime
Cefotaxime
Ceftazidime
Ceftriaxone
Cefuroxime
Chloramphenicol
Clavulanic acid
Clofazimine
Cloxacillin
Cycloserine
Dapsone
Doxycycline
Ertapenem
Ethambutol
Ethionamide
Flucloxacillin
Furazolidone
Fosfomycin
Fusidic acid (topical)
Gatifloxacin (topical)
Gentamicin
Imipenem/Cilastatin
Isoniazid
Kanamycin
Lymecycline
Meropenem
Metronidazole
Minocycline
Neomycin
Nitrofurantoin
Para-aminosalicylic acid
Penicillins
Piperacillin
Pyrazinamide
Rifaximin
Spectinomycin
Streptomycin
Sulfadiazine
Tazobactam
Tetracyclines
Tobramycin
Trimethoprim/Sulfamethoxazole
Vancomycin

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Anti-coagulant, Anti-platelet and Fibrinolytic

	Antivirals					Corticosteroids			Host-directed	
	ESV	MOL	NMV/r 5 days	NMV/r ≥10 days	RDV	DEX	HC	MP	BAR	TCZ
Acenocoumarol	↔	↔	↓	↓	↔	↔	↔	↔	↔	↓
Apixaban	↑	↔	↑	↑	↔	↓	↔	↔	↔	↓
Argatroban	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Aspirin (anti-platelet)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Betrixaban	↑	↔	↑	↑	↔ ♥	↓	↔	↔	↔	↔
Cilostazol	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Clopidogrel	↓	↔	↓	↓	↔	↔	↔	↔	↔	↓
Clopidogrel (recently stented patients)	↓	↔	↓	↓	↔	↔	↔	↔	↔	↓
Dabigatran	↑	↔	↔	↔	↔	↓	↔	↔	↔	↔
Dalteparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dipyridamole	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Edoxaban	↑	↔	↑	↑	↔	↓	↔	↔	↔	↔
Enoxaparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fondaparinux	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Heparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nadroparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phenprocoumon	↑	↔	↓	↓↑	↔	↔	↔	↔	↔	↓
Prasugrel	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓
Rivaroxaban	↑	↔	↑	↑	↔	↓	↔	↔	↔	↓
Streptokinase	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ticagrelor	↑	↔	↑	↑	↔	↔	↔	↔	↔	↓
Ticlopidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tinzaparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Vorapaxar	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Warfarin	↑	↔	↓	↓	↔	↔	↔	↔	↔	↓

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 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:

Acenocoumarol, Phenprocoumon, Warfarin + 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. Alternatives, e.g., low molecular weight heparins, may be considered in 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, e.g., oral corticosteroids.

Cilostazol, Ticlopidine + Dexamethasone, Hydrocortisone, Methylprednisolone
Caution is required due to potential additive haematological toxicity.

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

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Anticonvulsants

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Brivaracetam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Carbamazepine	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	↔	↓
Cenobamate	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	⇑	↔
Clonazepam	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Eslicarbazepine	⇓↑	↔	⇓↑	⇓↑	↔	⇓	⇓	⇓	↔	↔
Ethosuximide	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Felbamate	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Fosphenytoin	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	↔	↓
Gabapentin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lacosamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lamotrigine	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Levetiracetam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oxcarbazepine	⇓↑	↔	⇓↑	⇓↑	↔	⇓	⇓	⇓	↔	↔
Perampanel	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Phenobarbital (Phenobarbitone)	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	↔	↓
Phenytoin	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	↔	↓
Pregabalin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Primidone	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	↔	↓
Retigabine	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Rufinamide	⇓	↔	⇓	⇓	↔	⇓	⇓	⇓	↔	↔
Sodium valproate	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Sultiame	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tiagabine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Topiramate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Valproate semisodium (Divalproex)	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Valproic acid	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Vigabatrin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zonisamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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:

Eslicarbazepine and Oxcarbazepine + Nirmatrelvir/ritonavir

Ritonavir could increase eslicarbazepine and oxcarbazepine concentrations in the brain due to inhibition of P-gp, particularly in drug-resistant patients on high dose eslicarbazepine or oxcarbazepine and potentially cause adverse effects (drowsiness, diplopia, dizziness, nausea and vomiting). The clinical relevance of this interaction is unclear in patients on standard doses of eslicarbazepine or oxcarbazepine but use with caution in patients on high dose eslicarbazepine or oxcarbazepine.

Felbamate + Baricitinib, Tocilizumab

Caution is required due to potential additive haematological toxicity. Felbamate is associated with a marked increase in the incidence of aplastic anaemia.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		TCZ	Tocilizumab

Colour Legend

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	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.

Antidepressants

	Antivirals					Corticosteroids			Host-directed	
	ESV	MOL	NMV/r 5 days	NMV/r ≥10 days	RDV	DEX	HC	MP	BAR	TCZ
Agomelatine	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Amitriptyline	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Amoxapine	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Bupropion	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Citalopram	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Clomipramine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Desipramine	↔	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Desvenlafaxine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Doxepin	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Duloxetine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Escitalopram	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Esketamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fluoxetine	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Imipramine	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Lithium	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Maprotiline	↔	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Mianserin	↔	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Milnacipran	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mirtazapine	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Moclobemide	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Nefazodone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Nortriptyline	↔	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Opipramol	↔	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Paroxetine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Phenelzine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Reboxetine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Sertraline	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Tranylcypromine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Trazodone	↑♥	↔	↑♥	↑♥	↔	↔	↔	↔	↔	↔
Trimipramine	↔	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Venlafaxine	↔	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Vilazodone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Vortioxetine	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔

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

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Anti-diabetics

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Acarbose	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Alogliptan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Canagliflozin	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Dapagliflozin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dulaglutide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Empagliflozin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Exenatide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Glibenclamide (Glyburide)	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Gliclazide	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Glimepiride	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Glipizide	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Insulin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Linagliptin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Liraglutide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Metformin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nateglinide	↔	↔	↑	↑↓	↔	↔	↔	↔	↔	↔
Pioglitazone	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
Repaglinide	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Rosiglitazone	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Saxagliptin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Semaglutide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sitagliptin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tirzepatide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tolbutamide	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Vildagliptin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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:

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

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
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Colour Legend

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	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.

Antifungals

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Amphotericin B	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Anidulafungin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Caspofungin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clotrimazole (pessary, troche)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clotrimazole (topical)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fluconazole	↔	↔	↔	↔	↔ ♥	↔	↔	↔	⇑ 22%	↔
Flucytosine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Griseofulvin	⇓	↔	⇓	⇓	↔	⇓	⇓	⇓	↔	↔
Isavuconazole	↑	↔	↑⇓	↑⇓	↔	↔	↔	↔	↔	↔
Itraconazole	↑⇑	↔	↑⇑	↑⇑	↔	↔	↔	↔	↔	↔
Ketoconazole	↑	↔	↑	↑	↔	↔	↔	↔	⇑ 21%	↔
Micafungin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Miconazole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nystatin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Posaconazole	⇑	↔	⇑	⇑	↔	↔	↔	↔	↔	↔
Rezafungin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Terbinafine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Voriconazole	↑⇑	↔	↑↓	↑↓	↔	↔	↔	↔	↔	↔

Text Legend

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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:

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

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Antihaemorrhagics

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Avatrombopag	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Eltrombopag	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Emicizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fostamatinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tranexamic acid	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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 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, Tocilizumab: Caution is required due to potential additive haematological toxicity.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Antihistamines

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Azelastine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bilastine	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Cetirizine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Chlorphenamine	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
Clemastine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Desloratadine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Diphenhydramine	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
Doxylamine	↔	↔	↔	↑↓	↔	↔	↔	↔	↔	↔
Fexofenadine	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
Levocetirizine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Loratadine	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔
Meclizine	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
Promethazine	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔

Text Legend

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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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Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Antimalarials

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Amodiaquine	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Artemether	↓	↔	↓	↓	↔	↔	↔	↔	↔	↔
Artesunate	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Atovaquone	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Chloroquine	↑ ♥	↔	↑ ♥	↑ ♥	⇓ ♥	↔	↔	↔	↔	↔
Halofantrine	↑ ♥	↔	↑ ♥	↑ ♥	↔ ♥	↔	↔	↔	↔	↓
Hydroxychloroquine	↑	↔	↑	↑	⇓ ♥	↔	↔	↔	↔	↔
Lumefantrine	↑ ♥	↔	↑ ♥	↑ ♥	↔ ♥	↔	↔	↔	↔	↔
Mefloquine	↑	↔	↓⇓	↓⇓	↔	↔	↔	↔	↔	↔
Piperaquine	↑ ♥	↔	↑ ♥	↑ ♥	↔ ♥	↔	↔	↔	↔	↔
Primaquine	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔
Proguanil	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Pyrimethamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Quinine	↑ ♥	↔	↑ ♥	↑ ♥	↔	↔	↔	↔	↔	↔
Sulfadoxine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

Text Legend

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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:

Chloroquine or Hydroxychloroquine + Baricitinib, 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

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

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		TCZ	Tocilizumab

Colour Legend

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Antimigraine Agents

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Almotriptan	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Atogepant	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Dihydroergotamine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Eletriptan	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Eptinezumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Erenumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ergotamine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Fremanuzemab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Frovatriptan	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Galcanezumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methysergide	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Naratriptan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pizotifen	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Rimegepant	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Rizatriptan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sumatriptan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ubrogepant	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Zolmitriptan	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔

Text Legend

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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

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

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Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		TCZ	Tocilizumab

Colour Legend

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Antipsychotics/Neuroleptics

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Amisulpride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Aripiprazole	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Asenapine	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Brexpiprazole	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Cariprazine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Chlorpromazine	↔	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Clozapine	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Flupentixol (Flupenthixol)	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Fluphenazine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Haloperidol	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Iloperidone	↑♥	↔	↑♥	↑♥	↔♥	↔	↔	↔	↔	↔
Levomepromazine	↔	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Lumateperone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Lurasidone	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Olanzapine	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Paliperidone	↔	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Perazine	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Periciazine	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Perospirone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Perphenazine	↔	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Pimavanserin	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Pimozide	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Pipotiazine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Quetiapine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Risperidone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Sertindole	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Sulpiride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Thioridazine	↑	↔	↑	↑	↔♥	⇓	⇓	⇓	↔	↔
Tiapride	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Ziprasidone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Zotepine	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Zuclopenthixol	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔

Text Legend

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↓ Potential decreased exposure of the comedication
⇑ Potential increased exposure of COVID drug
⇓ Potential decreased exposure of COVID drug
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Notes:

Brexpiprazole, Cariprazine, Clozapine and Lumateperone + Baricitinib, Tocilizumab
Caution is required due to potential additive haematological toxicity.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		TCZ	Tocilizumab

Colour Legend

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	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.

Antivirals

	Antivirals					Corticosteroids			Host-directed	
	ESV	MOL	NMV/r 5 days	NMV/r ≥10 days	RDV	DEX	HC	MP	BAR	TCZ
Aciclovir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Adefovir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Baloxavir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Brincidofovir	↔	↔	↑	↑	↔	↔	↔	↔	⇑	↔
Bulevirtide	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Cidofovir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Entecavir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Famciclovir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Foscarnet	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ganciclovir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Letermovir	↔	↔	↔	↓	↔	↔	↔	↔	⇑	↔
Maribavir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oseltamivir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ribavirin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rimantadine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tecovirimat	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Telbivudine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tenofovir alafenamide (HBV)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Valaciclovir (Valacyclovir)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Valganciclovir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zanamivir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

Text Legend

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↓ Potential decreased exposure of the comedication
⇑ Potential increased exposure of COVID drug
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Notes:

Ganciclovir, Valganciclovir + Baricitinib, Tocilizumab
Caution is required due to potential additive haematological toxicity.

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

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

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
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Colour Legend

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Anxiolytics/Hypnotics/Sedatives

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Alprazolam	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Bromazepam	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔
Buspirone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Chlordiazepoxide	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Clobazam	↑	↔	↑↓	↑↓	↔	↔	↔	↔	↔	↔
Clorazepate	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Daridorexant	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Diazepam	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Estazolam	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Eszopiclone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Flunitrazepam	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Flurazepam	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Hydroxyzine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Lorazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lormetazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Midazolam (buccal)	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Midazolam (oral)	↑ 577%	↔	↑	↑	↔	↔	↔	↔	↔	↔
Midazolam (parenteral)	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Oxazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Secobarbital	↑	↔	↑	↑	↔	↔	↔	↔	↔	↓
Suvorexant	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Temazepam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Triazolam	↑	↔	↑	↑	↔	↓ 19%	↔	↔	↔	↔
Zaleplon	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zolpidem	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Zopiclone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔

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 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:

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

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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

Check for Updates
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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.

Benign Prostatic Hyperplasia Therapies

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Alfuzosin	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Dutasteride	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Finasteride (5 mg)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Silodosin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tadalafil (BPH)	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tamsulosin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔

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 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

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Beta Blockers

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Atenolol	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Bisoprolol	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Carvedilol	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Metoprolol	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Nebivolol	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Oxprenolol	↔	↔	↔	↓	↔♥	↔	↔	↔	↔	↔
Pindolol	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Propranolol	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Sotalol	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Timolol	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔

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 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

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Bisphosphonates

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Alendronic acid (Alendronate)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ibandronic acid (Ibandronate)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Risedronic acid (Risedronate)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zoledronic acid (Zoledronate)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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 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

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Aclidinium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Aminophylline	↔	↔	↓	↓	↔	↔	↔	↔	↔	↓
Formoterol	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔
Glycopyrronium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Indacaterol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ipratropium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Montelukast	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Olodaterol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Roflumilast	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Salbutamol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Salmeterol	↑ ♥	↔	↑ ♥	↑ ♥	↔	↔	↔	↔	↔	↔
Terbutaline	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Theophylline	↔	↔	↓	↓	↔	↔	↔	↔	↔	↓
Tiotropium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Umeclidinium bromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Vilanterol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zafirlukast	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Calcium Channel Blockers

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Amlodipine	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Barnidipine	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Diltiazem	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Felodipine	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Nicardipine	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Nifedipine	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Nimodipine	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Nisoldipine	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Nitrendipine	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Verapamil	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔

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 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

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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

Check for Updates

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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.

Cancer Therapies (A-B)

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Abemaciclib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Abiraterone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Acalabrutinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Afatinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Aldesleukin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Alectinib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Alpelisib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Amivantamab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Anastrozole	↑	↔	↑	↑↓	↔	↔	↔	↔	↔	↔
Apalutamide	⇓	↔	⇓	⇓	⇓♥	⇓	⇓	⇓	↔	↔
Arsenic trioxide	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Asciminib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Atezolizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Avapritinib	↑	↔	↑	↑	↔♥	⇓	⇓	⇓	↔	↔
Avelumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Axitinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Azacitidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bendamustine	↑	↔	↔	↓	↔♥	↔	↔	↔	↔	↔
Bevacizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bexarotene	⇓	↔	⇓	⇓	↔	⇓	⇓	⇓	↔	↔
Bicalutamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Binimetinib	↔	↔	↔	↓	↔	↔	↔	↔	⇑	↔
Blinatumomab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bortezomib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Bosutinib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Brentuximab vedotin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Brigatinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Busulfan	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔

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:

Baricitinib, tocilizumab: Caution is required due to potential additive haematological toxicity.
Aldesleukin + Dexamethasone, hydrocortisone, methylprednisolone: Co-administered glucocorticoids may decrease the activity of aldesleukin.
Binimetinib + nirmatrelvir/ritonavir (5 days): No effect on binimetinib is anticipated. However, binimetinib is given in combination with encorafenib and coadministration of encorafenib with nirmatrelvir/ritonavir is not recommended.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Cancer Therapies (C-D)

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Cabazitaxel	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Cabozantinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Capecitabine	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔
Capmatinib	↑	↔	↑	↑	↔	↔	↔	↔	⇑	↔
Carboplatin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Carfilzomib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cedazuridine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cemiplimab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ceritinib	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Cetuximab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Chlorambucil	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cobimetinib	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Copanlisib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Crizotinib	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Cyclophosphamide	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Dabrafenib	⇓	↔	⇓	⇓	↔ ♥	⇓	⇓	⇓	↔	↔
Dacarbazine	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
Dacomitinib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dactinomycin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Daratumumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Darolutamide	↑	↔	↑	↑	↔	↔	↔	↔	⇑	↔
Dasatinib	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Decitabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Docetaxel	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Doxorubicin	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔
Durvalumab	↔	↔	↔	↔	↔	⇓	⇓	⇓	⇓	⇓
Duvelisib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔

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 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, tocilizumab: Caution is required due to potential additive haematological toxicity.

Cyclophosphamide + nirmatrelvir/ritonavir: In theory, nirmatrelvir/ritonavir could potentially reduce the risk of neurotoxicity by inhibiting the CYP3A4-mediated inactivation pathway.

Dacarbazine + Nirmatrelvir/ritonavir (≥10 days): When used for an extended treatment duration, nirmatrelvir/ritonavir could increase activation to MTIC and thereby increase the efficacy and toxicity of dacarbazine.

Durvalumab, Ipilimumab + Dexamethasone, Hydrocortisone, Methylprednisolone, Baricitinib, Tocilizumab: A reduction in COVID therapy cannot be excluded due to the immunostimulatory effect of the cancer therapy (which persists even upon discontinuation of the drug).

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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

Check for Updates

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

Cancer Therapies (E-H)

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Elotuzumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Enasidenib	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	⇑	↔
Encorafenib	↑	↔	↑	↑	↔♥	⇓	⇓	⇓	↔	↔
Enfortumab vedotin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Entrectinib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Enzalutamide	⇓	↔	⇓	⇓	⇓♥	⇓	⇓	⇓	↔	↔
Epcoritamab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Epirubicin	↑	↔	↑	↓	↔♥	↔	↔	↔	↔	↔
Erdafitinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Eribulin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Erlotinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Etoposide	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Exemestane	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fedratinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Fluorouracil (5-FU)	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Flutamide	↑	↔	↑↓	↑↓	↔♥	↔	↔	↔	↔	↔
Fulvestrant	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Gefitinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Gemcitabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Gilteritinib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Glasdegib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Hydroxycarbamide (Hydroxyurea)	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔

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 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, Tocilizumab: Caution is required due to potential additive haematological toxicity.

Fedratinib + Baricitinib: Coadministration is not recommended due to potential additive immunosuppression and increased risk of infection.

Flutamide + Nirmatrelvir/ritonavir: Coadministration could increase flutamide concentrations but decrease concentrations of an active metabolite. The clinical significance of this interaction is unknown.

Fostamatinib + Ensitrelvir or Nirmatrelvir/ritonavir: Exposure of R406 (fostamatinib's major active metabolite) is expected to increase which may increase the risk of adverse reactions (i.e., diarrhoea, hypertension, hepatotoxicity and neutropenia).

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Cancer Therapies (I-O)

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Ibrutinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Idarubicin	↔	↔	↔	↔	↔					
Idelalisib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Imatinib	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Infigratinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Inotuzumab ozogamicin	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔
Ipilimumab	↔	↔	↔	↔	↔	⇓	⇓	⇓	⇓	⇓
Irinotecan	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Isatuximab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Isotretinoin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Ivosidenib	↑⇓	↔	↑⇓	↑⇓	⇓ ♥	⇓	⇓	⇓	↔	↔
Ixazomib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lapatinib	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Larotrectinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Lenalidomide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lenvatinib	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔
Letrozole	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Lomustine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Lorlatinib	↑⇓	↔	↑⇓	↑⇓	↔	⇓	⇓	⇓	↔	↔
Mercaptopurine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methotrexate	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Midostaurin	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Mitomycin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mitotane	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	↔	↔
Mobocertinib	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Necitumumab	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔
Neratinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Nilotinib	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Niraparib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nivolumab	↔	↔	↔	↔	↔	⇓	⇓	⇓	⇓	⇓
Obinutuzumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ofatumumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Olaparib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Olaratumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Osimertinib	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔
Oxaliplatin	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔

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:

Baricitinib, Tocilizumab: Caution is required due to potential additive haematological toxicity.

Nivolumab, Pembrolizumab + Dexamethasone, Hydrocortisone, Methylprednisolone, Baricitinib, Tocilizumab: A reduction in COVID therapy cannot be excluded due to the immunostimulatory effect of the cancer therapy (which persists even upon discontinuation of the drug).

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Cancer Therapies (P-S)

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Paclitaxel	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Palbociclib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Panitumumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Panobinostat	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Pazopanib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Pembrolizumab	↔	↔	↔	↔	↔	⇓	⇓	⇓	⇓	⇓
Pemetrexed	↔	↔	↔	↔	↔	↔	↔	↔	↑⇑	↔
Pemigatinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Pertuzumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pexidartinib	↑	↔	↑	↑	↔	⇓	⇓	⇓	↔	↔
Polatuzumab vedotin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Pomalidomide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ponatinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Pralsetinib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Regorafenib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Relugolix	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Repotrectinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Ribociclib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Ripretinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Rituximab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Romidepsin	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Rucaparib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Selinexor	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Selpercatinib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Sonidegib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Sorafenib	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Sotorasib	↑	↔	⇓	⇓	↔	⇓	⇓	⇓	↔	↔
Sunitinib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔

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:

Baricitinib, Tocilizumab: Caution is required due to potential additive haematological toxicity.

Rituximab + Baricitinib, Tocilizumab:
Coadministration is not recommended due to potential additive immunosuppression and increased risk of infection.

Sorafenib + Ensitrelvir or Nirmatrelvir/ritonavir: Coadministration of sorafenib and ritonavir in patients with Kaposi sarcoma did not significantly alter the exposure of sorafenib. However, the study had to be terminated early due to poor tolerance, which could possibly be related to inhibition of CYP3A4 by ritonavir leading to the formation of more toxic metabolites.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		TCZ	Tocilizumab

Colour Legend

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	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.

Cancer Therapies (T-Z)

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Talazoparib	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tamoxifen	↓	↔	↓	↓	↔♥	⇓	⇓	⇓	↔	↔
Tegafur/ Gimeracil/ Oteracil	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Temsirolimus	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Teniposide	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tepotinib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Thalidomide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Thiotepa	↑↓	↔	↑↓	↑↓	↔	↔	↔	↔	↔	↔
Tisotumab vedotin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tivozanib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Topotecan	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Toremifene	↑♥	↔	↑♥	↑♥	↔♥	↔	↔	↔	↔	↔
Trabectedin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Trametinib	↔	↔	↔	↔	↔	↔	↔	↔	⇑	↔
Trastuzumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Trastuzumab emtansine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Trifluridine/Tipiracil	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tucatinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Umbralisib	↑⇓	↔	↑⇓	↑⇓	⇓	⇓	⇓	⇓	↔	↔
Vandetanib	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Vemurafenib	↑	↔	↑	↑	↔♥	⇓	⇓	⇓	⇑	↔
Venetoclax	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Vinblastine	↑	↔	↑	↑	↔	⇓	⇓	⇓	↔	↔
Vincristine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Vinorelbine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Zanubrutinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔

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:

Baricitinib, Tocilizumab: Caution is required due to potential additive haematological toxicity.

Tamoxifen + Ensitrelvir or Nirmatrelvir/ritonavir: Exposure of endoxifen (thought to be the most important metabolite contributing to the pharmacologic activity of tamoxifen) may decrease and reduce the efficacy of tamoxifen.

Thiotepa + Ensitrelvir or Nirmatrelvir/ritonavir: Coadministration is expected to increase thiotepa concentrations and decrease concentrations of TEPA (the active alkylating metabolite). This may increase the risk of adverse effects whilst simultaneously reducing efficacy.

Trastuzumab emtansine + Ensitrelvir or Nirmatrelvir/ritonavir: Coadministration is expected to increase concentrations of DM1, an active component of emtansine, can lead to an increase in toxicity.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Contraceptives/HRT - Contraceptives

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
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	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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:

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 for 5 day administration 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

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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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Contraceptives/HRT - Hormone Replacement Therapy

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Conjugated estrogens	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Drospirenone (HRT)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dydrogesterone (HRT)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Estradiol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Levonorgestrel (HRT)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Medroxyprogesterone (oral)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Norethisterone (HRT)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Norgestrel (HRT)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Progesterone	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔

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⇓ Potential decreased exposure of COVID drug
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Abbreviations

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Cough and Cold Preparations

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Benzonatate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Carbocisteine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dextromethorphan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Guaifenesin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pseudoephedrine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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⇓ Potential decreased exposure of COVID drug
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Abbreviations

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MOL	Molnupiravir	HC	Hydrocortisone
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RDV	Remdesivir	BAR	Baricitinib
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Interactions with Key COVID-19 Therapies

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Covid-19 Antiviral Therapies

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Casirivimab/Imdevimab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ensitrelvir		↔	↑⇑	↑⇑	↔	⇑	⇑	⇑	↔	↔
Favipiravir	↔	↔	↔	↔	↔	↔	↔	↔	⇑	↔
Molnupiravir	↔		↔	↔	↔	↔	↔	↔	↔	↔
Niclosamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nirmatrelvir/ritonavir (5 days)	↑⇑	↔			↔	↔	↔	↔	↔	↔
Nirmatrelvir/ritonavir (≥ 10 days)	↑⇑	↔			↔	↔	↔	↔	↔	↔
Nitazoxanide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pemivibart	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Remdesivir	↔	↔	↔	↔		↔	↔	↔	↔	↔
Sotrovimab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tixagevimab/Cilgavimab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

Text Legend

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⇓ Potential decreased exposure of COVID drug
↔ No significant effect

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Notes:

Ensitrelvir + Dexamethasone
Coadministration of ensitrelvir (750 mg on day 1, 250 mg on day 2-5) with dexamethasone (1 mg) increased dexamethasone AUC by 3.47-fold at day 5, by 2.38-fold at day 9 (5 days after last ensitrelvir dose) and by 1.58-fold at day 14 (10 days after last ensitrelvir dose).The risk of Cushing syndrome is expected to be low due to the low dose of dexamethasone used in COVID-19 treatment and due to the short duration of ensitrelvir treatment. Prescribers should be aware of and to look out for signs of systemic corticosteroid side effects.

Ensitrelvir + Hydrocortisone
The risk of Cushing syndrome is expected to be low due to the low dose and short treatment duration of hydrocortisone used in COVID-19 treatment and due to the short duration of ensitrelvir treatment.

Ensitrelvir + Methylprednisolone
The risk of Cushing syndrome is expected to be low due to the low dose of methylprednisolone used in COVID-19 treatment and due to the short duration of ensitrelvir treatment. Prescribers should be aware of and to look out for signs of systemic corticosteroid side effects.

Pemivibart
Pemivibart is for the pre-exposure prophylaxis of COVID-19 and is not for use in patients with a current COVID-19 infection. However, should patients who have received pemivibart develop a COVID-19 infection, pemivibart is not expect to affect therapies subsequently administered for the treatment of COVID-19.

Abbreviations

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NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		TCZ	Tocilizumab

Colour Legend

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	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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Covid-19 Host-directed Therapies

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Anakinra	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Baricitinib	↔	↔	↔	↔	↔	↔	↔	↔		↔
Budesonide (inhaled)	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
Canakinumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Covid-19 convalescent plasma	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Covid-19 vaccines	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dexamethasone (low dose; ≤16 mg)	↑ 247%	↔	↔	↔	↔		↔	↔	↔	↔
Fluvoxamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Hydrocortisone (oral or IV)	↑	↔	↔	↔	↔	↔		↔	↔	↔
Imatinib (14 days)	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Infliximab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methylprednisolone (oral or IV)	↑	↔	↔	↔	↔	↔	↔		↔	↔
Ruxolitinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Sarilumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tocilizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	
Vilobelimab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

Text Legend

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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:

Baricitinib 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 or additive haematological toxicity.

Baricitinib or Tocilizumab + Imatinib
Caution is required due to potential additive haematological toxicity.

Budesonide + Nirmatrelvir/ritonavir
Budesonide concentrations are expected to increase due to CYP3A4 inhibition by nirmatrelvir/ritonavir. However, unlike with other strong CYP3A4 inhibitors, this is unlikely to be clinically relevant due to the short duration of nirmatrelvir/ritonavir treatment.

Abbreviations

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Cystic Fibrosis Agents

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Deutivacaftor/Tezacaftor/Vanzacaftor	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Ivacaftor	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Ivacaftor/lumacaftor	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	⇓	↔
Ivacaftor/tezacaftor	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Ivacaftor/tezacaftor/elexacaftor	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔

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Abbreviations

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Dementia Therapies

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Donepezil	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Ergoloid mesylates	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Galantamine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Memantine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rivastigmine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

Text Legend

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Abbreviations

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Erectile Dysfunction Agents

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Alprostadil	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Avanafil	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Sildenafil (erectile dysfunction)	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tadalafil (erectile dysfunction)	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Vardenafil	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔

Text Legend

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Abbreviations

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RDV	Remdesivir	BAR	Baricitinib
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Gastrointestinal Agents

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Alosetron	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Antacids	↔	↔	↔	↔	↔	⇓	⇓	⇓	↔	↔
Bisacodyl	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bismuth subsalicylate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cimetidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cisapride	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Dexlansoprazole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dicycloverine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Docusate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Esomeprazole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Famotidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Hyoscine butylbromide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ispaghula husk	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lactulose	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lansoprazole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Linaclotide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Loperamide	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Macrogol (Polyethylene Glycol 3350)	⇓	⇓	⇓	⇓	↔	⇓	⇓	⇓	⇓	↔
Magnesium salts (oral)	↔	↔	↔	↔	↔	⇓	⇓	⇓	↔	↔
Mebeverine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mesalazine (mesalamine)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Naloxegol	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Nizatidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Psyllium husk	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Octreotide	↑	↔	↑	↑	↔	↔	⇑	⇑	↔	↔
Omeprazole	↔	↔	↔	↔	↔	↔	↔	↔	↑ 7%	↔
Pantoprazole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Prucalopride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rabeprazole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ranitidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Roxatidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Senna	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sucralfate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Vonoprazan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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:

Antacids + Dexamethasone (oral), 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 + Dexamethasone (oral), Hydrocortisone, Methylprednisolone
Administration of oral dexamethasone, hydrocortisone or methylprednisolone and magnesium salts should be separated by 2-4 hours.

Mesalazine + Baricitinib, Tocilizumab: Caution is required due to potential additive haematological toxicity.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Gastrointestinal Agents – Anti-emetics

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Aprepitant	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Cyclizine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dolasetron	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Domperidone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Dronabinol	↔	↔	↔	↑↓	↔	↔	↔	↔	↔	↔
Fosaprepitant	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Granisetron	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Hyoscine (Scopolamine)	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Hyoscine hydrobromide	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Metoclopramide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Netupitant	↑	↔	↑	↑	↔	⇑	↔	↔	↔	↔
Ondansetron	↔	↔	↔	↔	↔♥	↔	↔	↔	↑♥	↔
Palonosetron	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Prochlorperazine	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Rolapitant	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tropisetron	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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 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:

Netupitant + Dexamethasone
When netupitant (300 single oral dose) and dexamethasone (20 mg on day 1 followed by 8 mg twice daily on days 2 to 4) were coadministered, dexamethasone mean AUC and Cmax increased by 72% and 11% on day 1 and by 138% and 75% on day 4. Although product labels for netupitant (in combination with palonosetron) recommend a dose reduction for dexamethasone, no a priori dose reduction is necessary when dexamethasone is used at a low dose for the treatment of COVID-19 infection.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		TCZ	Tocilizumab

Colour Legend

	These drugs should not be coadministered
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	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.

HCV DDAs

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Elbasvir/Grazoprevir	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Glecaprevir/Pibrentasvir	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Ledipasvir/Sofosbuvir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ombitasvir/Paritaprevir/r	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Ombitasvir/Paritaprevir/r + Dasabuvir	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Sofosbuvir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sofosbuvir/Velpatasvir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sofosbuvir/Velpatasvir/Voxilaprevir	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔

↑ 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 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:

Ombitasvir/Paritaprevir/r ± Dasabuvir + Ensitrelvir

Ensitrelvir and ritonavir are strong inhibitors of CYP3A4. Ensitrelvir is unlikely to significantly alter ombitasvir, paritaprevir or dasabuvir given that ritonavir already strongly inhibits CYP3A4. Similarly, ritonavir is unlikely to significantly alter ensitrelvir given that ensitrelvir already strongly inhibits CYP3A4.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
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)	⇓ (RTV)	↔♥	⇓	⇓	⇓	↔	↔
Elvitegravir/cobi/emtricitabine/TAF	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
Elvitegravir/cobi/emtricitabine/TDF	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
Emtricitabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Emtricitabine/tenofovir alafenamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Emtricitabine/tenofovir-DF	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Etravirine	⇓	↔	↔	↔	↔	⇓	⇓	⇓	↔	↔
Fostemsavir	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Ibalizumab-uiyk	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lamivudine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lenacapavir	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Lopinavir/ritonavir	↑	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Maraviroc	↑	↔	↑	↑	↔	↓	↔	↔	↔	↔
Nevirapine	⇓	↔	⇓ (RTV)	⇓ (RTV)	↔	⇓	⇓	⇓	↔	↔
Raltegravir	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rilpivirine	↔	↔	↔	↔	↔♥	↓	↔	↔	↔	↔
Rilpivirine/emtricitabine/TAF	↔	↔	↔	↔	↔♥	↓ (RPV)	↔	↔	↔	↔
Rilpivirine/emtricitabine/TDF	↔	↔	↔	↔	↔♥	↓ (RPV)	↔	↔	↔	↔
Tenofovir-DF	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zidovudine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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 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 + Baricitinib, Tocilizumab: Use with caution due to potential additive toxicity.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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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Hypertensives – ACE inhibitors

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Benazepril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Captopril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cilazapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Enalapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fosinopril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lisinopril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Moexipril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Perindopril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Quinapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ramipril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Trandolapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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 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*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Azilsartan	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Candesartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Eprosartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Irbesartan	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Losartan	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Olmesartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Telmisartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Valsartan	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔

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:

Losartan + Nirmatrelvir/ritonavir
Nirmatrelvir/ritonavir could potentially increase the conversion to the more pharmacologically active metabolite.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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 – Diuretics

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Amiloride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bendroflumethiazide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bumetanide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Chlortalidone (Chlorthalidone)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Furosemide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Hydrochlorothiazide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Indapamide	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Metolazone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Torasemide	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Triamterene	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Xipamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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:

Bendroflumethiazide, Chlortalidone, Furosemide, Hydrochlorothiazide, Indapamide, Metolazone, Torasemide, 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.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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	
	ESV	MOL	NMV/r 5 days	NMV/r ≥10 days	RDV	DEX	HC	MP	BAR	TCZ
Aliskiren	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Clonidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dopamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Doxazosin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Eplerenone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Finerenone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Glyceryl trinitrate (Nitroglycerin)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Hydralazine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Isosorbide dinitrate	↓	↔	↓	↓	↔	↔	↔	↔	↔	↔
Ivabradine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Labetalol	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Lacidipine	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Lercanidipine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Methyldopa	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Minoxidil	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Moxonidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nicorandil	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Prazosin	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
Ranolazine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Sacubitril	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Sodium nitroprusside	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Spironolactone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Terazosin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔

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 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:

Isosorbide dinitrate + Ensitrelvir or Nirmatrelvir/ritonavir
Production of the active substance, nitric oxide, may be reduced.

Sacubitril + Nirmatrelvir/ritonavir
Exposure of sacubitril's active metabolite may be increased.

Abbreviations

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MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
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Hypertensives – Pulmonary hypertension

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Ambrisentan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bosentan	↑	↔	↑	↑	↔	⇓	⇓	⇓	↔	↔
Epoprostenol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Iloprost	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Macitentan	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Riociguat	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Selexipag	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sildenafil	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tadalafil	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Treprostinil	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔

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

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
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RDV	Remdesivir	BAR	Baricitinib
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Illicit/Recreational

	Antivirals					Corticosteroids			Host-directed	
	ESV	MOL	NMV/r 5 days	NMV/r ≥10 days	RDV	DEX	HC	MP	BAR	TCZ
Alcohol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Amphetamine	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Cannabis (Marijuana)	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Carfentanil	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Cocaine	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Ecstasy (MDMA)	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Enobosarm (Ostarine)	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
GHB (Gamma-hydroxybutyrate)	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Heroin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
LSD (Lysergic acid diethylamide)	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Mephedrone	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Methamphetamine	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Methylone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Monkey dust	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Nitazenes	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Poppers (Amyl nitrate)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Psilocybin	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Trenbolone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

Text Legend

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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

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

Immune Modulators

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Interferon beta	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Interferon gamma-1b	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

Text Legend

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⇓ Potential decreased exposure of COVID drug
↔ No significant effect

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Notes:

Baricitinib, Tocilizumab

Additional monitoring should be considered as there may be a risk of additive haematological toxicity.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
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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*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Abatacept	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Abrocitinib	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Adalimumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Anti-thymocyte globulin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Apremilast	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Azathioprine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Basiliximab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Belatacept	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Belimumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bimekizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Certolizumab pegol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ciclosporin (Cyclosporine)	↑	↔	↑	↑	↔	↓	↔	↔	⇑ 29%	↓
Dimethyl fumarate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Etanercept	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Everolimus	↑	↔	↑	↑	↔	↓	↔	↔	↔	↔
Filgotinib	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Golimumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ixekizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Leflunomide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methotrexate	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mycophenolate	↔	↔	↑↓	↑↓	↔	↔	↔	↔	↔	↔
Pirfenidone	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Risankizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Secukinumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sirolimus	↑	↔	↑	↑	↔	↓	↔	↔	↔	↓
Tacrolimus	↑	↔	↑	↑	↔ ♥	↓	↔	↔	↔	↓
Tildrakizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tofacitinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Upadacitinib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Ustekinumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Vedolizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Voclosporin	↑	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔

Text Legend

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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:

Baricitinib, Tocilizumab: Coadministration may not be recommended due to potential additive immunosuppression, increased risk of infection and/or additive haematological toxicity. Alternatively, caution (and additional monitoring) may be required due to additive haematological toxicity. See www.covid19-druginteractions.org for details.

Ciclosporin, Everolimus, Sirolimus, Tacrolimus + Dexamethasone
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. If TDM is available, see www.covid19-druginteractions.org for details of dose modifications and TDM schedule.

Everolimus, Sirolimus + Nirmatrelvir/ritonavir:
A large increase in everolimus and sirolimus exposure is predicted in presence of NMV/r. Avoid use of NMV/r unless close monitoring of everolimus and sirolimus concentrations is feasible. If TDM is available, see www.covid19-druginteractions.org for details of dose modifications and TDM schedule.

Tacrolimus + Nirmatrelvir/ritonavir:
Management of this interaction is challenging and would require a substantial reduction in tacrolimus dosage. Consider an alternative COVID treatment. If TDM is available, see www.covid19-druginteractions.org for details of dose modifications and TDM schedule.

Abbreviations

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Inotropes & Vasopressors

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Adrenaline (Epinephrine)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Desmopressin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dobutamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Noradrenaline	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Vasopressin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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↓ Potential decreased exposure of the comedication
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⇓ Potential decreased exposure of COVID drug
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Abbreviations

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MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
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Lipid Lowering Agents

	Antivirals					Corticosteroids			Host-directed	
	ESV	MOL	NMV/r 5 days	NMV/r ≥10 days	RDV	DEX	HC	MP	BAR	TCZ
Alirocumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Atorvastatin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Bempedoic acid	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Bezafibrate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clofibrate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Colesevelam	⇓	⇓	⇓	⇓	↔	⇓	⇓	⇓	⇓	↔
Colestyramine (cholestyramine)	⇓	⇓	⇓	⇓	↔	⇓	⇓	⇓	⇓	↔
Evolocumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ezetimibe	↔	↔	↔	↑↓	↔	↔	↔	↔	↔	↔
Fenofibrate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fish oils	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fluvastatin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Gemfibrozil	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Icosapent ethyl	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Inclisiran	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lomitapide	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Lovastatin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Omega-3 fatty acids	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pitavastatin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pravastatin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rosuvastatin	↑ 65%	↔	↑112%	↑	↔	↔	↔	↔	↔	↔
Simvastatin	↑	↔	↑	↑	↔	↔	↔	↔	↓ 17%	↓ 57%

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 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 + Ensitrelvir
If possible, pause atorvastatin during ensitrelvir treatment and for up to 10 days after the last dose ensitrelvir.

Bempedoic acid + Baricitinib or Tocilizumab
Caution is required due to potential additive haematological toxicity.

Lovastatin, Simvastatin + Ensitrelvir
The statin should be stopped at least 12 hours prior to initiation of ensitrelvir and not resumed until 10 days post last dose of ensitrelvir.

Atorvastatin, Rosuvastatin + Nirmatrelvir/ritonavir
If possible, the statin should be stopped for the duration of nirmatrelvir/ritonavir therapy and restarted at least 3 days after the last dose of nirmatrelvir/ritonavir.
Note, rosuvastatin PK data from rosuvastatin (10 mg, single dose) and nirmatrelvir/ritonavir (300/100 mg twice daily for 3 doses) in 12 subjects.

Lovastatin, Simvastatin + Nirmatrelvir/ritonavir
The statin should be stopped at least 12 hours prior to initiation of nirmatrelvir/ritonavir therapy and restarted at least 3 days after the last dose of nirmatrelvir/ritonavir but preferably 5 days after completing nirmatrelvir/ritonavir treatment due to the large inter-individual variability in the disappearance of CYP3A4 inhibition.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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

Check for Updates

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

Multiple Sclerosis Agents

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Alemtuzumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Baclofen	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cladribine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Dantrolene sodium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dimethyl fumarate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fampridine (Dalfampridine)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fingolimod	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔
Glatiramer acetate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Natalizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ocrelizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ozanimod	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔
Peginterferon beta-1a	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Siponimod	↔	↔	↑	↑	↔ ♥	↔	↔	↔	↔	↔
Teriflunomide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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 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:

Alemtuzumab, Cladribine, Natalizumab, Ocrelizumab, Ozanimod, Teriflunomide + Baricitinib, Tocilizumab
Caution is advised due to the potential for enhanced immunosuppression with the combination.

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

Peginterferon beta-1a + Baricitinib, Tocilizumab
Additional monitoring should be considered as there may be a risk of additive haematological toxicity.

Siponimod + Dexamethasone, Hydrocortisone, Methylprednisolone
Caution is advised when administering with another immunosuppressant, such as these corticosteroids, due to possible additive effect.

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

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Ophthalmological Agents

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Brimonidine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Brinzolamide	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Brolucizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Latanoprost	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ranibizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Travoprost	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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 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

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Others (A-F)

	Antivirals					Corticosteroids			Host-directed	
	ESV	MOL	NMV/r 5 days	NMV/r ≥10 days	RDV	DEX	HC	MP	BAR	TCZ
Acetazolamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Acetylcysteine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Acitretin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Activated charcoal	⇓	⇓	⇓	⇓	↔	⇓	⇓	⇓	⇓	↔
Allopurinol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Atropine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Benralizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Betahistine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Birch tree pollen allergen extract	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Bromocriptine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Cannabidiol	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Carbimazole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cinacalcet	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Clomifene	↔	↔	↑↓	↑↓	↔	↔	↔	↔	↔	↔
Colchicine	↑	↔	↑	↑	↔	⇓	↔	↔	↔	↔
Crizanlizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cytisine (Cytisinicline)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Darbepoetin alfa	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Deferasirox	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Denosumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Disulfiram	↑↓	↔	↑↓	↔	↔	↔	↔	↔	↔	↔
Drotaverine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Dupilumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Elagolix	↑	↔	↑	↑	↔	⇓	⇓	⇓	↔	↔
Epoetin alfa	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Epoetin beta	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ergometrine (Ergonovine)	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Febuxostat	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Fezolinetant	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Filgrastim	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Finasteride (1 mg)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Flibanserin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔

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:

Baricitinib, Tocilizumab: Caution is required due to potential additive haematological toxicity.

Birch tree pollen allergen extract + Baricitinib, Tocilizumab: Baricitinib and tocilizumab are immunosuppressants and some product labels contraindicate administration of birch tree pollen allergen in patients with immunosuppression.

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.

Clomifene + Nirmatrelvir/ritonavir: Potential for limited increase in clomifene concentrations and decrease in concentrations of the active metabolite.

Disulfiram + Ensitrelvir or Nirmatrelvir/ritonavir: Conversion to the active metabolite/product may be inhibited, leading to a reduced clinical effect. No effect on disulfiram expected with NMV/r ≥10 days due to the mixed effect on CYP3A4 (inhibition) and UGT (induction).

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Others (G-O)

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Glacial acetic acid (topical)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Goserelin	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔
Grass pollen allergen extract	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Hexobarbital	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	↔	↓
House dust mite allergen extract	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Interferon beta	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Isosorbide mononitrate	↑↓	↔	↑↓	↑↓	↔	↔	↔	↔	↔	↔
Ivermectin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Leuprorelin	↔	↔	↔	↔	↔ ♥	↔	↔	↔	↔	↔
Levothyroxine	↔	↔	↔	↓	↔	↓	↓	↓	↔	↔
Liothyronine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Magnesium sulphate (IV)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Melatonin	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Mepolizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methylergometrine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Midodrine	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Misoprostol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Modafinil	↑⇓	↔	↔	↔	↔	⇓	⇓	⇓	↔	↔
Naftidrofuryl	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Naloxone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Naltrexone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Neostigmine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nicotine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Nintedanib	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Omalizumab	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Orlistat	⇓	⇓	⇓	⇓	↔	⇓	⇓	⇓	⇓	↔
Ospemifene	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔

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:

Baricitinib, Tocilizumab:
Caution is required due to potential additive haematological toxicity.

House dust mite allergen extract + Baricitinib, Tocilizumab: Baricitinib and tocilizumab are immunosuppressants and administration of house dust mite allergen is contraindicated in patients with immunosuppression.

Isosorbide mononitrate + Ensitrelvir or Nirmatrelvir/ritonavir: Conversion to the active metabolite/product may be inhibited, leading to a reduced clinical effect. No effect on disulfiram expected with NMV/r ≥10 days due to the mixed effect on CYP3A4 (inhibition) and UGT (induction).

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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.

Others (P-Z)

	Antivirals					Corticosteroids			Host-directed	
	ESV	MOL	NMV/r 5 days	NMV/r ≥10 days	RDV	DEX	HC	MP	BAR	TCZ
Pancreatic enzymes (Creon)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pentosan polysulfate sodium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pentoxifylline	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phentermine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phenylephrine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pilocarpine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Piracetam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pitolisant	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Potassium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Probenecid	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Propylthiouracil	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Pyridostigmine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Raloxifene	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ramelteon	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Riluzole	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Sevelamer	⇓	⇓	⇓	⇓	↔	⇓	⇓	⇓	⇓	↔
Sodium phosphate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sodium zirconium cyclosilicate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Sulfasalazine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tasimelteon	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Telotristat	⇓	↔	⇓	⇓	↔	⇓	⇓	⇓	↔	↔
Tenapanor	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Thiamazole (Methimazole)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tolvaptan	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Triclabendazole	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Triptorelin	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Ursodeoxycholic acid (Ursodiol)	↔	↔	↔	↔	↔	⇓	⇓	⇓	↔	↔
Varenicline	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zileuton	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔

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:

Baricitinib, Tocilizumab:
Caution is required due to potential additive haematological toxicity.

Pitolisant + Ensitrelvir, Nirmatrelvir/ritonavir
The effect of CYP3A4 inhibitors on pitolisant exposure in CYP2D6 poor metabolizers is unknown.

Abbreviations

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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

Check for Updates

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Overactive Bladder Agents

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Darifenacin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Fesoterodine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Mirabegron	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Oxybutynin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Solifenacin	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Tolterodine	↑	↔	↑	↑	↔♥	↔	↔	↔	↔	↔
Trospium	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

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 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

ESV	Ensitrelvir	DEX	Dexamethasone
MOL	Molnupiravir	HC	Hydrocortisone
NMV/r	Nirmatrelvir/ritonavir	MP	Methylprednisolone
RDV	Remdesivir	BAR	Baricitinib
		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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Parkinsonism Agents

	Antivirals					Corticosteroids			Host-directed	
	ESV	MOL	NMV/r 5 days	NMV/r ≥10 days	RDV	DEX	HC	MP	BAR	TCZ
Amantadine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Apomorphine	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Benserazide/levodopa	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Benzatropine (Benztropine)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Biperiden	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Cabergoline	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Carbidopa	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Carbidopa/levodopa	↔	↔	?	?	↔	↔	↔	↔	↔	↔
Entacapone	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Levodopa	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Orphenadrine	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Piribedil	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Pramipexole	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Procyclidine	↑	↔	↑	↑↓	↔	↔	↔	↔	↔	↔
Rasagiline	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Ropinirole	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Rotigotine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Safinamide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Selegiline	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔

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Notes:

Carbidopa/levodopa + Nirmatrelvir/ritonavir:
Enhanced levodopa effects including severe diskinesias were described in a case report after initiation of an antiretroviral regimen containing indinavir to an individual who was previously stable on levodopa/carbidopa therapy. Based on this isolated case, the risk of an interaction with ritonavir is unclear.

Procyclidine + Nirmatrelvir/ritonavir (≥10 days):
When nirmatrelvir/ritonavir is used for an extended treatment duration (10 days or longer), ritonavir could increase procyclidine exposure by CYP inhibition but may induce glucuronidation thereby mitigating the inhibitory effect. The clinical relevance of the interaction is unknown.

Abbreviations

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Interactions with Key COVID-19 Therapies

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Steroids

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
Beclometasone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Betamethasone	↑	↔	↔	↑	↔	⇓	⇓	⇓	↔	↔
Betamethasone (topical)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Budesonide (oral/rectal)	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔
Ciclesonide	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔
Clobetasol	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔
Cortisone	↑	↔	↔	↑	↔	↔		↔	↔	↔
Cortisone (topical)	↔	↔	↔	↔	↔	↔		↔	↔	↔
Deflazacort	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
Dexamethasone (>16 mg)	↑	↔	↑	↑	↔		⇓	⇓	↔	↔
Difluprednate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fludrocortisone	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔
Flunisolide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fluocinolone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fluticasone	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔
Hydrocortisone (topical)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Megestrol acetate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Methylprednisolone (topical)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Mometasone	↑	↔	↔	↑	↔	↔	↔	↔	↔	↔
Nandrolone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oxandrolone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Oxymetholone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Prednisolone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Prednisone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Stanozolol	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Testosterone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Triamcinolone	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔

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Vitamins/Supplements/Herbals

	Antivirals					*Corticosteroids*			*Host-directed*	
	ESV	**MOL**	**NMV/r** 5 days	**NMV/r** ≥10 days	**RDV**	**DEX**	**HC**	**MP**	**BAR**	**TCZ**
African potato	?	↔	↔	↔	↔	↔	↔	↔	⇓	↔
Ayahuasca	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Berberine	↔	↔	↔	↔	↔♥	↔	↔	↔	↔	↔
Cat's claw (Uncaria tomentosa)	⇑	↔	⇑	⇑	↔	↔	↔	↔	↔	↔
Enteral feeds	↔	↔	↔	↔	↔	⇓	⇓	⇓	↔	↔
Garlic	⇓	↔	⇓	⇓	↔	⇓	⇓	⇓	↔	↔
Ginkgo biloba	⇓	↔	↔	↔	↔	⇓	⇓	⇓	↔	↔
Guggulsterone	⇓	↔	⇓	⇓	↔	⇓	⇓	⇓	↔	↔
Liquorice (Glycyrrhiza glabra)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Malabar nut tree	⇓	↔	⇓	⇓	↔	⇓	⇓	⇓	↔	↔
Oral nutritional supplements	↔	↔	↔	↔	↔	⇓	⇓	⇓	↔	↔
Quercetin	?	↔	?	?	↔	↔	↔	↔	↔	↔
Red yeast rice	↑	↔	↑	↑	↔	↔	↔	↔	↔	↔
St John's wort	⇓	↔	⇓	⇓	⇓	⇓	⇓	⇓	↔	↔

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Notes:

African potato + Ensitrelvir:
The clinical relevance of the inducing effect of African potato is unknown as ensitrelvir is a strong inhibitor of CYP3A4 and may compensate the inducing effect. No dose adjustment is required.

Quercetin
Quercetin has the ability to modulate CYP/P-gp activities although there are inconsistencies in literature which make it difficult to predict the nature and magnitude of any interaction. Use with caution and monitor patients carefully for signs of toxicity.

Enteral feeds and Oral Nutritional Supplements
Enteral feeds and oral nutritional supplements contain polyvalent cations which may reduce absorption of orally administered glucocorticoids. Where possible, administration of orally administered glucocorticoids and enteral feeds or oral nutritional supplements should be separated by two to four hours.

No interactions are expected with the COVID-19 therapies listed and the following vitamins/supplements/herbals:

Beta-alanine
Branched chain amino acids
Caffeine (anhydrous powder)
Calcium supplements
Coenzyme Q10 (Ubidecarenone)
Collagen hydrolysate
Creatine monohydrate
Cubeb pepper (Piper cubeba)
Ecdysterone
Echinacea
Ferrous fumarate
Ferrous sulfate
Folic acid
Ginger (Zingiber officinale)
Ginseng (P ginseng, P quinquefolis)
Glucosamine
Grapefruit juice
Homeopathic remedies
Hops (Humulus lupulus)
Iodine
Iron supplements
Liquorice (Glycyrrhiza glabra)
Milk thistle (Silymarin)
Multivitamins
Nicotinamide (Niacinamide)
Turmeric (Curcumin)
Valerian
Vitamin A (Retinol)
Vitamin B1 (Thiamine)
Vitamin B12 (Cyanocobalamin)
Vitamin B2 (Riboflavin)
Vitamin B3 (Niacin, nicotinic acid)
Vitamin B6 (Pyridoxine)
Vitamin B7 (Biotin)
Vitamin C (Ascorbic Acid)
Vitamin D2 (Ergocalciferol)
Vitamin D3 (Colecalciferol)
Vitamin E (Tocopherol)
Vitamin K (Phytomenadione)
Whey protein
Zinc

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