

Assessing a patient for Paxlovid (nirmatrelvir/ritonavir)

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NO

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

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

Developed by Kirsteen Hill, ID/HIV/COVID Pharmacist, Dundee, Scotland; adapted and updated by Liverpool Drug Interactions Group.

ANY OF THE FOLLOWING:

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

Amiodarone Nisoldipine Alfuzosin* Pethidine Aliskiren Phenobarbitone Bosentan Phenytoin Carbamazepine Pimozide Ciclosporin Primidone Clozapine Quetiapine Clonazepam Ranolazine Colchicine Rifampicin Diazepam* Rivaroxaban* Disopyramide Salmeterol* Domperidone* Sildenafil (pulmonary Dronedarone hypertension) **Enzalutamide** Simvastatin* **Eplerenone** Sirolimus Everolimus St John's Wort Flecainide Tacrolimus **Ivabradine** Tadalafil (pulmonary Lercanidipine* hypertension) Midazolam (oral) Ticagrelor *unless medicine can be stopped safely for 8 days Note: list of medicines not exhaustive

YES 🗸

No Paxlovid

and subject to change

Use covid19-druginteractions.org (or Paxlovid product label if medicine not listed) to check all medicines** including:

- OTC medicines
- Recreational drugs
- Prescription medicines e.g.,
- systemic anticancer treatment (SACT) within last 28 days
- opiate substitution therapy
- HCV/HBV/HIV treatment
- steroid injections
- depot antipsychotics
- multiple sclerosis treatment

ANY RED/AMBER INTERACTIONS?

YES



- Review full information on covid19-druginteractions.org and consider practicalities of advice/monitoring:
- Can medicine be withheld safely for 8 days?
 e.g., simvastatin
- Can a dose adjustment be done easily?
 e.g., be aware of patients on compliance devices or those who do not have tablets/liquid to allow dose change, or if there is concern re patient understanding. Consider alternative day dosing if a dose change is impractical.
- Can the patient be advised regarding which adverse reactions to be aware of and what to do?
- Clinical decision (including consulting a specialist if appropriate) based on all the individual patient information and discussion with patient to prescribe Paxlovid.

NO

No Paxlovid

** No need to check medicines below on interaction website (list not exhaustive):

ACE inhibitors

Acid reducing agents (antacids, PPIs, H2RAs)

Aspirin

Azathioprine

Beta Blockers

Corticosteroids (inhaled/topical)

Fluvastatin

Furosemide

Gabapentin

HRT

Immunoglobulin

Inhalers (except salmeterol)

Insulin

NO

YES

Levothyroxine

Metformin

Methotrexate

Monoclonal antibodies (MABs) (except conjugated MABs)

Mycophenolate

NSAIDs (except piroxicam)

Pravastatin

Pregabalin

eGFR (CrCl if >75 years) ≥30 ml/min

YES UNO

<30 ml/min

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

>60 ml/min
✓ Paxlovid Full Dose
Nirmatrelvir 300 mg
(2 x 150 mg) twice daily
+ Ritonavir 100 mg
(1 tablet) twice daily
for 5 days

30-60 ml/min

✓ Paxlovid ↓ Dose

Nirmatrelvir 150 mg
(1 x 150 mg) twice daily
+ Ritonavir 100 mg
(1 tablet) twice daily
for 5 days