

Prescribing considerations for nirmatrelvir plus ritonavir (Paxlovid)

IMPORTANT
This information is no longer being updated. Users acknowledge that this information may not be accurate, relevant or complete

VERSION

2.0

PUBLISHED 18 NOVEMBER 2022

Refer to clinical flow charts for:

Management of adults with mild COVID-19

[Click to view](#)

Management of adults with moderate to severe COVID-19

[Click to view](#)

START HERE

Confirm the patient meets **PBS eligibility criteria** and assess risk for development of severe disease.

Risk Classification Tool

[Click to view](#)

Paxlovid is not a suitable medication for this patient

Consider other early therapies, contraindications, efficacy and availability

Check for suitability

Is the patient experiencing any of these conditions:

- Severe kidney (eGFR < 30ml/min) or liver impairment (Child Pugh Class C). [see section 1](#)
- Weights less than 40 kgs Pregnancy
- and conception [see section 2](#)
- Hypersensitivity to active ingredients
- Beyond a period of 5 days since symptom onset
- Breastfeeding [see section 3](#)

NO

Review patient's medical history:

- Check for a current compliance aid and who monitors it e.g. patient, carer, pharmacy
- Gather a full medication list including prescribed, over-the-counter, supplementary / herbal medications and any illicit / recreational drugs.

[Click here to use the Liverpool Interaction Checker](#)

[Click to view](#)

Is the patient taking any interacting medications?

NO



Do not use Paxlovid in patients who are or have recently been taking CYP3A4 enzyme inducers.

YES Is the

patient taking:

CYP3A4 enzyme inducers

NO

It may be possible to give Paxlovid to patients who are already taking medicines that are CYP3A4 substrates. Depending on the indication, therapeutic index and half-life of the CYP3A4 substrate, it may be safe to withhold, dose adjust, or continue the medication, with close monitoring of the patient.



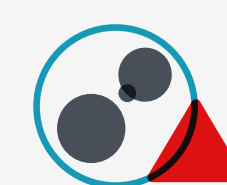
List not exhaustive

Is the patient taking... any of these common medications which interact for which coadministration is not recommended:

Amiodarone	Pethidine
Bosentan	Phenobarbitone
Carbamazepine	Primidone
Ciclosporin	Phenytoin
Clozapine	Quetiapine
Clonazepam	Rifampicin
Colchicine	Sildenafil (pulmonary hypertension)
Disopyramide	Sirolimus
Enzalutamide	St John's Wort
Eplerenone	Tacrolimus
Flecainide	Tadalafil
Ivabradine	Ticagrelor
Midazolam (oral)	

Is the patient subject to any of these conditions

Section 1



Contraindications:

Severe kidney or severe liver impairment. Concomitant use with medications that are highly dependent on CYP3A for clearance or are potent CYP3A inducers. Hypersensitivity to active ingredients or other components of the product.

Section 2



Pregnancy and conception:

Category B3. Do not use in pregnant women unless eligible to be enrolled in trials. Women of childbearing potential should avoid becoming pregnant during treatment and for a period of 7 days after last dose.

Section 3



Breastfeeding:

Do not use in breastfeeding women unless eligible to be enrolled in trials. Breastfeeding can commence 7 days after the last dose.

Consider if the following can be done safely and is suitable based on the specific drug interaction:

- Can interacting regular medicines be safely withheld for 8 days (treatment time + 3)
- Can interacting medication be safely dose adjusted?
- Is monitoring for adverse reactions possible when interacting medicines are used concurrently?

NO

YES

Paxlovid is a suitable medication for this patient

[Click here to view the Taskforce Paxlovid guidance](#)

Consent and prescribe:

Ensure consent from patient or medical treatment decision maker. Prescribe dose based on kidney function

If eGFR 30-60ml/min:

Nirmatrelvir 150mg (1 x 150mg) + ritonavir 100mg BD for 5 days

If eGFR ≥ 60ml/min:

Nirmatrelvir 300mg (2 x 150mg) + ritonavir 100mg BD for 5 days

These medications have no known interactions with Paxlovid:

ACE inhibitors
Acid reducing agents (antacids, PPIs and H2Ras)
Aspirin
Azathioprine
Beta Blockers
Contraceptives/HRT
Corticosteroids (oral/inhaled/topical)
Fluvastatin
Frusemide
Gabapentin
Immunoglobulin
Inhalers (except salmeterol)
Insulin
Levothyroxine
Metformin
Methotrexate
Monoclonal antibodies (MABs)
Mycophenolate
NSAIDs (except piroxicam)