PAXLOVID Drug-Drug Interaction Assessment



Date: *May 13, 2022* To: *Dr. Jackson* Fax: 604-859-9962

Regarding: Name: John Smith DOB: 1939/02/15 PHN: 8596 142 254

□ Patient is not on any interacting medications, Paxlovid dispensed as prescribed □ Patient is on interacting medication(s) below:

ACTION REQUIRED – Drug interactions

Drug	Management including Rationale	Prescriber
		Response
Simvastatin	Hold simvastatin for 8 days. Risk of rhabdo due to increased simvastatin	□Accept
	levels. Ref: 1	□Reject
		□Accept
		□Reject
		□Reject

No prescriber action required

Drug	Management including Rationale	
Zopiclone	Patient uses occasionally for sleep. Counselled to hold for duration of Paxlovid and 2 days after. Ref: 1	
Fluoxetine	No change. Counselled patient to monitor for ADEs due to small increase in fluoxetine levels. Ref: 1	

References: 1. Practice Tool #3 2. Liverpool 3. Lexicomp 4. Other: ______

Additional notes:

Pharmacy/Pharmacist Information:

Pharmacist Name, License #

Pharmacy

Pharmacy Phone # and Fax #

Prescriber Signature:

Name:

License: