# Resource: ART Drug-Drug Interactions

*April 2023*

**Table 18: Maraviroc (MVC) Interactions** (also see drug package inserts)

| Class or Drug | Mechanism of Action | Clinical Comments |
|---|---|---|
| Potent CYP3A4 or P-gP inducers (St. John's wort) | Reduced MVC levels are due to CYP3A4 induction. | Do not coadminister. |
| COVID-19 therapeutics | • **Molnupiravir and monoclonal antibodies** do not affect CYP450, P-gP, or other drug metabolism transporters.<br>• **Nirmatrelvir/RTV:** Inhibition of CYP3A4, P-gP, and other transporters may increase plasma concentrations of other medications. | • **Molnupiravir:** Drug interactions are unlikely.<br>• **Nirmatrelvir/RTV:** Drug interactions are unlikely; MVC levels may increase. |
| Mpox treatments [a] | **Tecovirimat** is a weak inducer of CYP3A and a weak inhibitor of CYP2C8 and CYP2C19. | **Tecovirimat** may reduce MVC levels, though effects are not likely to be clinically relevant. No dose adjustment in either drug is necessary. |

**Abbreviations:** AUC, area under the curve; CYP, cytochrome P450; P-gP, P-glycoprotein; RTV, ritonavir.

**Note:**

a. No data are currently available on effects related to concurrent use of tecovirimat and HIV medications. However, midazolam AUC was reduced by 32% with concomitant tecovirimat use, and some experts recommend caution due to the mild CYP3A4 induction associated with tecovirimat. Among them is University of Liverpool HIV Drug Interactions, which makes the following dosing change recommendations, although they are not based on any clinical data: Increase dose to 600 mg twice daily (if the patient is not taking another potent CYP3A4 inhibitor concurrently) for the duration of tecovirimat treatment and for 2 weeks after tecovirimat is stopped. If the patient is receiving concomitant treatment with a potent CYP3A4 inhibitor, MVC should be dosed at 150 mg twice daily for the duration of concurrent tecovirimat.

**No significant interactions/no dose adjustments necessary:** Common oral antibiotics (Table 19); drugs used as antihypertensive medicines (Table 20); antidiabetic drugs (Table 24); acid-reducing agents (Table 25); polyvalent cations (Table 26); inhaled and injected corticosteroids (Table 29); benzodiazepines (Table 31); sleep medications (Table 32); nonopioid pain medications (Table 35); opioid analgesics and tramadol (Table 36); alpha-adrenergic antagonists for benign prostatic hyperplasia (Table 39); tobacco and smoking cessation products (Table 40); alcohol, disulfiram, and acamprosate (Table 41); methadone, buprenorphine, naloxone, and naltrexone (Table 42); gender-affirming hormones (Table 47).