

Table 18: Maraviroc (MVC) Interactions (also see prescribing information)

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. Nirmatrelvir/RTV: Inhibition of CYP3A4, P-gP, and other transporters may increase plasma concentrations of other medications.	Molnupiravir: Drug interactions are unlikely. 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 (see guideline section [Drug-Drug Interactions by Common Medication Class](#)): Common oral antibiotics; antihypertensive medications; antidiabetic medications; acid-reducing agents; polyvalent cations; inhaled and injected corticosteroids; benzodiazepines; sleep medications; nonopioid pain medications; opioid analgesics and tramadol; alpha-adrenergic antagonists for benign prostatic hyperplasia; tobacco and smoking cessation products; alcohol, disulfiram, and acamprosate; methadone, buprenorphine, naloxone, and naltrexone; gender-affirming hormones; ADHD medications and lithium.