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.