

Clinically relevant Drug-Drug interaction between AEDs and medications used in the treatment of COVID-19 patients

The Liverpool Drug Interaction Group (based at the University of Liverpool, UK), in collaboration with the University Hospital of Basel (Switzerland) and Radboud UMC (Netherlands) (<http://www.covid19-druginteractions.org/>) is constantly updating a list of interactions for many comedication classes. This table is adapted from their valuable work and includes other drugs. **In light of pharmacological interaction, single cases management is mandatory.**

Drugs reported (constantly updated): ATV, atazanavir; DRV/c, darunavir/cobicistat LPV/r, lopinavir/ritonavir; RDV, remdesivir/GS-5734; FAVI, favipiravir; CLQ, chloroquine; HCLQ, hydroxychloroquine; NITA, nitazoxanide; RBV, ribavirin; TCZ, tocilizumab; IFN-β-1a; interferon β-1a; OSV, oseltamivir.

	ATV	*DRV/c ¹	*LPV/r	RDV ²	FAVI	CLQ	HCLQ	NITA	RBV	TCZ ³	IFN-β-1a ⁴	OSV
Brivaracetam	↔	↔	↓	↔	↔	↑	↑	↔	↑	↔	↔	↔
Carbamazepine	↓↑	↓↑	↓↑	↓	↔	↓	↓	↔	↔	↓	↔	↔
Cannabidiol	↔	↑	↑	↔	↔	↑	↑	↔	↔	↔	↔	↔
Cenobamate	↓	↓	↓	↔	↔	↓	↓	↔	↔	↔	↔	↔
Clonazepam	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clobazam	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
Diazepam	↓♥	↓	↓♥	↓	↔	↓	↓	↔	↔	↔	↔	↔
Eslicarbazepine	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
Ethosuximide	↓	↓	↓	↔	↔	♥↓	♥↓	↔	↔	↔	↔	↔
Felbamate	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Gabapentin	♥↔	↑	♥↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lacosamide	↔	↑	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lamotrigine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Levetiracetam	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lorazepam	↓	↓	↓	↓	↔	↓	↓	↔	↔	↔	↔	↔
Oxcarbazepine	↑	↓	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
Perampanel	↓	↓	↓	↓	↔	↓	↓	↔	↔	↔	↔	↔
Phenytoin	↓	↓	↓	↓	↔	↓	↓	↑	↔	↓	↔	↔
Phenobarbital	↓	↓	↓	↓	↔	↓	↓	↔	↔	↓	↔	↔
Pregabalin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Primidone	↓	↓	↓	↓	↔	↓	↓	↔	↔	↓	↔	↔
Retigabine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Rufinamide	↓	↓	↓	↓	↔	↓	↓	↔	↔	↔	↔	↔
Sulthiame	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
Tiagabine	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
Topiramate	↔	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Valproic acid	↔	↓	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔
Vigabatrin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Zonisamide	↔	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

*Should not be administered without booster drug (ritonavir or cobicistat).

- ↑ Potential increased exposure of the co-medication;
- ↓ Potential decreased exposure of the co-medication;
- ↑↑ Potential increased exposure of COVID drug;
- ↓↓ Potential decreased exposure of COVID drug;
- ↔ No significant effect;
- ♥ One or both drugs may cause QT and/or PR prolongation.

	Drugs should not be co-administered.
	Potential interaction which may require a dose adjustment or close monitoring.
	Potential interaction likely to be of weak intensity. Additional acts/monitoring or dosage adjustment unlikely to be required.
	No clinically significant interaction expected.

¹ Currently, the *Johnson & Johnson*, holder of *Janssen Pharmaceutica* owner of the drug **Darunavir**, highlighted the lack of evidence to support use of Darunavir-based treatments for SARS-CoV-2 (<https://www.jnj.com/lack-of-evidence-to-support-darunavir-based-hiv-treatments-for-coronavirus>).

² Some data on drug interactions of **Remdesivir** are not available yet.

³ An increase in IL-6, as well as other cytokines, can improve plasmatic concentration of administered drugs reducing hepatic metabolism (CYP-mediated), a treatment with **Tocilizumab** (anti-IL6R) could reduce plasmatic concentrations of other previous co-treatments due to hepatic metabolism normalization².

⁴ No studies have been performed yet in humans to assess drugs-interactions.

Notes:

- Ritonavir is a strong inhibitor of CYP 3A and 2D6 *per se*, independently to co-administered antiviral.
 - Atazanavir can increase **midazolam** plasmatic concentration until 4-fold.
 - Also refer to **SmPC** for further information.
1. Aitken, A. E., Richardson, T. A. & Morgan, E. T. Regulation of drug-metabolizing enzymes and transporters in inflammation. *Annu. Rev. Pharmacol. Toxicol.* **46**, 123–149 (2006).
 2. Kim, S., Östör, A. J. K. & Nisar, M. K. Interleukin-6 and cytochrome-P450, reason for concern? *Rheumatology International* **32**, 2601–2604 (2012).