

Appendix A: National Medicines Information Centre (NMIC) template document for drug interaction review - Paxlovid™ (PF-07321332 + ritonavir)

The NMIC is available, if required, to assist GPs with reviewing the potential for drug-drug interactions associated with Paxlovid™

Please be aware however, that it is <u>not mandatory</u> to submit a drug interaction review request for Paxlovid™ to the NMIC

For NMIC Use Only					
NMIC Reference Number		Date Received			
Part 1: Patient Details					
Name of patient					
Date of birth					
Address					
Part 2: Prescriber Details					
Name of prescribing doctor					
Medical Council number					
Contact Details	Practice address:				
	Telephone*:				
	Email:				
*The NMIC response will can be reached.	be telephoned to you;	please provide the contact number at which you			

Part 3: Confirmations					
All three confirmations are required for the NMIC to initiate a drug-drug inte	raction review				
	Tick to confirm				
I confirm that the attached medication list (or that listed on page 2) is complete to the					
best of my knowledge.					
I understand that the NMIC drug-drug interaction review will be based on the					
medication list that I have provided.					
I confirm that the patient is aware that their details are being submitted for the					
purpose of this review.					

Medication list

It is imperative that a complete current patient medication record is available prior to initiating Paxlovid™ (PF-07321332 + ritonavir) this should include (but is not limited to) GP medication list, community pharmacy patient medication record, any medicines received from other sources (e.g. in-patient or out-patient hospital setting including intermittent treatments, pharmaceutical industry early-access schemes or clinical trials), patient-reported non-prescription medicine use (including any over-the-counter or herbal medicines) and illicit drug use.

Medication	Dose	Route	Duration	

Please send this document via secure email (e.g. Healthmail) to nmic@stjames.ie

To enable timely medication reconciliation, please ensure that the patient's nominated community pharmacy is copied (via secure email, e.g. Healthmail) in this correspondence to the NMIC for a drug interaction check for Paxlovid™ (PF-07321332 + ritonavir).
The nominated pharmacy is:

If preferred, a copy of the medication list can be attached to the email along with the completed page 1 of this document.

The NMIC also publishes bulletins/newsletters on therapeutic areas for healthcare professionals, which are available on our website (www.nmic.ie). If you wish to subscribe to receive NMIC publications please <u>click here</u>.