

**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 not mandatory to submit a drug interaction review request for Paxlovid™ to the NMIC**

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| ***For NMIC Use Only*** | |
| *NMIC Reference Number* | *Date Received* |

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| **Part 1: Patient Details** | |
| Name of patient |  |
| Date of birth |  |
| Address |  |

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| **Part 2: Prescriber Details** | |
| Name of prescribing doctor |  |
| Medical Council number |  |
| Contact Details | Practice address: |
| Telephone\*: |
| Email: |

**\*The NMIC response will be telephoned to you; please provide the contact number at which you can be reached.**

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| **Part 3: Confirmations**  **All three confirmations are required for the NMIC to initiate a drug-drug interaction 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. |  |

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| **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 |
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Please send this document via secure email (e.g. Healthmail) to [nmic@stjames.ie](mailto:nmic@stjames.ie)

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| 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 [click here](https://www.stjames.ie/nmic/index.html).