# APPENDIX 5.2: GUIDANCE FOR SAFETY MONITORING OF DRUGS THAT REQUIRE ADJUSTMENT WHEN CO-ADMINISTERED WITH PAXLOVID1

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| **Question 1** | **Question 2** | **Action** |
| Are you taking: Buprenorphine *[Brand names: Bunov;*  *Bupeaze; BuTec; BuTrans; BuVidal; Carlosafine; Hapoctasin; Panitas; Prefibin; Rebrikel; Reletrans; Relevtec]*  Norbuprenorphine | If yes:  Have you experienced increased drowsiness | If yes:  **Mild/moderate**- counsel about driving / operating machinery  Severe- withdraw Paxlovid™ |
| Are you taking:  Methadone  *[Brand name Physeptone]* | If yes:  Have you experienced increased withdrawal symptoms [N.B. subjects will know these as given for opioid  dependency] | If yes:  **Mild**- follow up  **Moderate / severe**- withdraw Paxlovid™ |
| Are you taking:  Morphine  *[Brand names: Morphgesic; MST Continus; MXL capsules; Sevredol; Zomorph]* | If yes:  Have you experienced breakthrough pain/ increased pain | If yes:  **Mild**- recommend simple analgesia  **Moderate**- contact GP to request short term dose adjustment  **Severe**- withdraw Paxlovid™ |
| Are you taking: Afatinib *[Giotrif]*, Ceritinib *[Zykadia]*, Dasatinib *[Sprycel]*, Nilotinib *[Tasigna]*, Vincristine, Vinblastine,  Fostamatinib *[Tavlesse]* | If yes:  Have you experienced new symptoms of:  Bleeding or bruising  Nausea, vomiting or diarrhoea Muscle pain or weakness  Pins and needles or shooting pains | If yes:  Withdraw Paxlovid™ |
| Are you taking: Warfarin *[Brand name Marevan]* | If yes:  Ask to contact GP (unless unable to do so, in which case the safety monitor can do on their behalf) to organise an INR check on or around day 5  subject to self-isolation advice | If the INR is out of range: Withdraw Paxlovid™ |

# 1Dosing modification will be made according to trial’s physicians or registered pharmacist discretion.