# 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 machinerySevere- 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 opioiddependency] | 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 bruisingNausea, vomiting or diarrhoea Muscle pain or weaknessPins 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 5subject 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.