Date:			2/15/2022		
Your Name:			Catia Marzolini		
Manuscript Title:			Prescribing nirmatrelvir/ritonavir (Paxlovid): how to recognize and manage drug-drug interactions		
Mai	nuscript Number (if l	known):	M22-0281		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in double The author's relationships/activities		ript. "Rela of the man re in doubt ps/activition ension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
In item #1 below, report all suppo frame for disclosure is the past 36				ithout time limit. For all other items, the time	
			I entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning o	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	⊠ No	one	Click the tab key to add additional rows.	
			Time frame: past 36 months	3	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one ch grant from Gilead		
3	Royalties or licenses	No.	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Lecture honoraria from MSD and ViiV	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Teertify that Thave answered every question and have not aftered the words

Date:			2/16/2022			
Your Name:			Fiona Marra			
Manuscript Title:			Prescribing nirmatrelvir/ritonavir (Paxlovid interactions	Prescribing nirmatrelvir/ritonavir (Paxlovid�): how to recognize and manage drug-drug interactions		
Mar	nuscript Number (if l	known)	: M22-0281			
content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activities		ript. "R of the r e in doo ps/activ ension, v	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.			
	em #1 below, report ne for disclosure is th		port for the work reported in this manuscript wi 36 months.	thout time limit. For all other items, the time		
			all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning o	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		None	Click the tab key to add additional rows.		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None			
3	Royalties or licenses		None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Viiv, MSD, Gilead, Abbvie	Made personally or to University
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	□ None  Viiv	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None  Viiv, MSD	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Teertify that Thave answered every question and have not aftered the words

Date:	2/15/2022
Your Name:	David Back
Manuscript Title:	Prescribing nirmatrelvir/ritonavir (Paxlovid®): how to recognize and manage drug-drug interactions
Manuscript Number (if known):	M22-0281

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  Educational grant for www.covid19- druginteractions.org from Abbvie Educational grant for www.covid19-	Payment to Institution
		druginteractions.org from Novartis	Payment to Institution
		Educational grant for www.covid19-druginteractions.org from Merck	Payment to Institution
		Educational grant for <a href="https://www.covid19-druginteractions.org">www.covid19-druginteractions.org</a> from Gilead	Payment to Institution
		Educational grant for www.covid19-druginteractions.org from Sobi	Payment to InstitutionAbbvie

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	Abbvie Viiv	Payment to DJB Payment to DJB
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead Merck Viiv	Payment to DJB Payment to DJB Payment to DJB
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None     ■	

		l			
			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or				
	advocacy group, paid or unpaid				
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	$\boxtimes$	None		
13	Other financial or non-financial		None		
	interests				
Plea	Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

3 12/13/2021 ICMJE Disclosure Form

Date:	2/15/2022
Your Name:	Sara Gibbons
Manuscript Title:	Prescribing nirmatrelvir/ritonavir (Paxlovid): how to recognize and manage drug-drug interactions
Manuscript Number (if known):	M22-0281

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:			

Date:			2/15/2022		
Your Name:			Anton Pozniak		
Manuscript Title:			Prescribing nirmatrelvir/ritonavir (Paxlovid): how to recognize and manage drug-drug interactions		
Ма	nuscript Number (if k	nown):	M22-0281		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		pt. "Relation of the man in doubter s/activitionsion, you entioned	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	me for disclosure is the			mout time illine. For all other reems, the time	
			ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	<u> </u>
			Time frame: Since the initial planning of	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	х <b>N</b>	one	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead,ViiV, Jannsen, Thera, Merck	To self
6	Payment for expert testimony	□ None X	
7	Support for attending meetings and/or travel	Gilead,ViiV, , Merck	self
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Medical research Council MRC	Chair for paediatric trials
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  President NEAT ID  BHIVA TB/HIV guidelines chair	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	x	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x	None	
13	Other financial or non-financial interests		None	
Plea X				

Date:	2/15/2022	
Your Name:	Daniel R. Kuritzkes, MD	
Manuscript Title:	Prescribing nirmatrelvir/ritonavir (Paxlovid): how to recognize and manage drug-drug interactions	
Manuscript Number (if known):	M22-0281	
content of your manuscript. "Rela	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be	

affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Gilead Merck	Grants to me through my institution
3	Royalties or licenses	None     ■	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
5	Payment or	Atea Abpro Decoy  Gilead GlaxoSmithKline Janssen Merck Rigel ViiV ViroStatics	Consulting payments to me  I was a consultant but received no payment  I am a consultant but to date have received no payments  Consulting payments to me  Consulting payments to me  Consulting payments to me  Consulting payments to me  I was a consultant but received no payments  Consulting payments to me  Consulting payments to me  Consulting payments to me  Consulting payments to me
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead Janssen Merck Novartis	Honoraria for lectures Honoraria for lectures Honoraria for lectures Honoraria for lectures
6	Payment for expert testimony	Gilead	Payments to me
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None  GlaxoSmithKline  ViiV	Payments to me for chairing IDMC Payments to me for chairing IDMC
10	Leadership or fiduciary role in other board, society,	None     ■     None     Non	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None     ■		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 12/13/2021 ICMJE Disclosure Form

Date:	2/15/2022
Your Name:	DM Burger
Manuscript Title:	Prescribing nirmatrelvir/ritonavir (Paxlovid�): how to recognize and manage drug-drug interactions"
Manuscript Number (if known):	M22-0281

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None     Non		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     ■		
13	Other financial or non-financial interests	DM Burger is co-founder of Global DDI Solutions and advisor to the University of Liverpool Covid-19 Interaction Checker		
Plea	Please place an "X" next to the following statement to indicate your agreement:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 12/13/2021 ICMJE Disclosure Form

Date:	2/15/2022
Your Name:	Charles Flexner
Manuscript Title:	Prescribing nirmatrelvir/ritonavir (Paxlovid�): how to recognize and manage drug-drug interactions
Manuscript Number (if known):	M22-0281

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	Gilead Sciences Janssen Pharmaceuticals Merck ViiV Healthcare	Payment to me Payment to me Payment to me Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  Virology Education  IAS-USA	Payment to me Payment to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	□ None  Two patents related to long-acting delivery of antiretroviral drugs, issued  One patents related to long-acting delivery of antiretroviral drugs, planned	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None  Algernon Pharmaceuticals	Payment to me; relationship ended January 2021
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement:				
	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.	

	ICMJE DISCLOSURE FORM				
Dat	Date: 2/18/2022				
You	ur Name:	-	Saye Khoo		
Ma	nuscript Title:	-	Prescribing nirmatrelvir/ritonavir (Paxlovid interactions	): how to recognize and manage drug-drug	
Ma	nuscript Number (if k	nown):	M22-0281		
cor affe ind The epi tha	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)				
			Time frame: Since the initial planning o	of the work	
1	All support for the	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None None	Click the tab key to add additional rows.
	No time limit for this item.		
		Time frame: past 36 months	S
2	Grants or contracts from	□ None	
2	contracts from any entity (if not indicated in item	□ None  ViiV Healthcare	Research award to Institution – including drug interactions website
2	contracts from any entity (if not		Research award to Institution – including drug
2	contracts from any entity (if not indicated in item	ViiV Healthcare	Research award to Institution – including drug interactions website  Research award to Institution – including drug

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None  ViiV Healthcare	Advisory Board
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Merck ViiV Healthcare	Speakers honoraria Speakers Honoraria
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None     ■		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None  ViiV Healthcare	Donation of Dolutegravir for DOIPHIN-2 trial	
13	Other financial or non-financial interests	None     ■		
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:  \[ \text{\$\te			

Date:			2/16/2022		
Your Name:			Alison Boyle		
Manuscript Title:			Prescribing nirmatrelvir/ritonavir (Paxlovid): how to recognize and manage drug-drug interactions.		
Mar	nuscript Number (if I	known):	M22-0281		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		ript. "Rela of the mar e in doubt os/activitie ension, you entioned	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	interest, it is preferable that you do so.	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning o	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	⊠  No	one	Click the tab key to add additional rows.	
			Time frame: past 36 months	5	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Gilead Abbvie	one	Grant paid to institution for project work Grant paid to institution for project work	
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead Abbvie	Honoraria for lectures Honoraria for lectures
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	⊠  None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: square of the square o		
13	Other financial or non-financial interests	None		
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ICIVITE DISCLOSURE I ORIVI			
Date: 2/16/2022			
Your Name:	MARTA BOFFITO		
Manuscript Title: Prescribing nirmatrelvir/ritonavir (Paxlovid®): how to recognize a manage drug-drug interactions			
Manuscript Number (if known): Click or tap here to enter text.			
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			
The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.			
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4	Consulting fees	□ None		
		ViiV, Gilead, Cipla, Mylan, MSD	To me	
5	Payment or honoraria for	□ None		
	lectures, presentations, speakers bureaus,	ViiV, Gilead, Mylan, MSD, GSK	To me	
	manuscript writing or educational events			
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or pending	None     ■		
9	Participation on a Data Safety Monitoring	None     ■		
	Board or Advisory Board			
10	Leadership or fiduciary role in other board,	None     ■		
	society, committee or advocacy group, paid or unpaid			

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Your Name:			Laura Waters		
Manuscript Title:			Prescribing nirmatrelvir/ritonavir (Paxlovid): how to recognize and manage drug-drug interactions		
Mai	nuscript Number (if I	known):	M22-0281		
con affe indi The epic that	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.				
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		None	Click the tab key to add additional rows.	
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4	Consulting fees	□ None  Viiv  Merck  Theratech	Gilead Cipla Mylan
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	ViiV Janssen Mylan	Gilead Merck
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None     ■	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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