

ICMJE DISCLOSURE FORM

Date: 2/15/2022

Your Name: Catia Marzolini

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.

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)						
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 70%;">Research grant from Gilead</td><td style="width: 30%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Research grant from Gilead						
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 70%;"></td><td style="width: 30%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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.

ICMJE DISCLOSURE FORM

Date: 2/16/2022

Your Name: Fiona Marra

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.

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ICMJE DISCLOSURE FORM

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

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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

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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.

ICMJE DISCLOSURE FORM

Date: 2/15/2022

Your Name: Anton Pozniak

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.

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <input checked="" type="checkbox"/> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> </table>							
3	Royalties or licenses	<input type="checkbox"/> None <input checked="" type="checkbox"/> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Gilead, ViiV, Janssen, Thera, Merck</td> <td>To self</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Gilead, ViiV, Janssen, Thera, Merck	To self							
Gilead, ViiV, Janssen, Thera, Merck	To self										
6	Payment for expert testimony	<input type="checkbox"/> None <input checked="" type="checkbox"/> x <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Gilead, ViiV, , Merck</td> <td>self</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Gilead, ViiV, , Merck	self							
Gilead, ViiV, , Merck	self										
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> x None <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Medical research Council MRC</td> <td>Chair for paediatric trials</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Medical research Council MRC	Chair for paediatric trials							
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>President NEAT ID</td> <td> </td> </tr> <tr> <td>BHIVA TB/HIV guidelines chair</td> <td> </td> </tr> <tr><td> </td><td> </td></tr> </table>	President NEAT ID		BHIVA TB/HIV guidelines chair						
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		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	<input checked="" type="checkbox"/> None <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE FORM

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

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)														
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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p>								
Time frame: past 36 months																	
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">NIH/NIAID</td><td style="width: 20%;">Grants to me through my institution</td></tr> <tr><td style="height: 20px;">Gilead</td><td>Grants to me through my institution</td></tr> <tr><td style="height: 20px;">Merck</td><td>Grants to me through my institution</td></tr> <tr><td style="height: 20px;">ViiV</td><td>Grants to me through my institution</td></tr> </table>	NIH/NIAID	Grants to me through my institution	Gilead	Grants to me through my institution	Merck	Grants to me through my institution	ViiV	Grants to me through my institution	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>								

		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	<input type="checkbox"/> None	
		Atea	Consulting payments to me
		Abpro	I was a consultant but received no payment
		Decoy	I am a consultant but to date have received no payments
		Gilead	Consulting payments to me
		GlaxoSmithKline	Consulting payments to me
		Janssen	Consulting payments to me
		Merck	Consulting payments to me
		Rigel	I was a consultant but received no payments
		ViiV	Consulting payments to me
ViroStatics	Consulting payments to me		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Gilead	Honoraria for lectures
		Janssen	Honoraria for lectures
		Merck	Honoraria for lectures
		Novartis	Honoraria for lectures
6	Payment for expert testimony	<input type="checkbox"/> None	
		Gilead	Payments to me
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		GlaxoSmithKline	Payments to me for chairing IDMC
		ViiV	Payments to me for chairing IDMC
10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> 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)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

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.

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13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">DM Burger is co-founder of Global DDI Solutions and advisor to the University of Liverpool Covid-19 Interaction Checker</td> <td style="width: 50%;"></td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	DM Burger is co-founder of Global DDI Solutions and advisor to the University of Liverpool Covid-19 Interaction Checker						
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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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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4	Consulting fees	<input type="checkbox"/> None	
		Gilead Sciences	Payment to me
		Janssen Pharmaceuticals	Payment to me
		Merck	Payment to me
		ViiV Healthcare	Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		Virology Education	Payment to me
		IAS-USA	Payment to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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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.

ICMJE DISCLOSURE FORM

Date: 2/18/2022

Your Name: Saye Khoo

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.

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.

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	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).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">ViiV Healthcare</td> <td>Research award to Institution – including drug interactions website</td> </tr> <tr> <td>Gilead Sciences</td> <td>Research award to Institution – including drug interactions website</td> </tr> <tr> <td>Merck, Pfizer, Novartis</td> <td>Research award to Institution – including drug interactions website</td> </tr> </table>	ViiV Healthcare	Research award to Institution – including drug interactions website	Gilead Sciences	Research award to Institution – including drug interactions website	Merck, Pfizer, Novartis	Research award to Institution – including drug interactions website	
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>ViiV Healthcare</td> <td>Advisory Board</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	ViiV Healthcare	Advisory Board							
ViiV Healthcare	Advisory Board										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Merck</td> <td>Speakers honoraria</td> </tr> <tr> <td>ViiV Healthcare</td> <td>Speakers Honoraria</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Merck	Speakers honoraria	ViiV Healthcare	Speakers Honoraria					
Merck	Speakers honoraria										
ViiV Healthcare	Speakers Honoraria										
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">ViiV Healthcare</td> <td>Donation of Dolutedegravir for DOLPHIN-2 trial</td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	ViiV Healthcare	Donation of Dolutedegravir for DOLPHIN-2 trial					
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ICMJE DISCLOSURE FORM

Date: 2/16/2022

Your Name: Alison Boyle

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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;">Gilead</td><td style="width: 50%;">Grant paid to institution for project work</td></tr> <tr><td style="height: 20px;">Abbvie</td><td>Grant paid to institution for project work</td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Gilead	Grant paid to institution for project work	Abbvie	Grant paid to institution for project work			<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Gilead	Honoraria for lectures
		Abbvie	Honoraria for lectures
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2/16/2022

Your Name: MARTA BOFFITO

Manuscript Title: Prescribing nirmatrelvir/ritonavir (Paxlovid®): how to recognize and 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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None	
		ViiV, Gilead, Cipla, Mylan, MSD	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		ViiV, Gilead, Mylan, MSD, GSK	To me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2/16/2022

Your Name: Laura Waters

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.

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		Viiv	Gilead
		Merck	Cipla
		Theratech	Mylan
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		ViiV	Gilead
		Janssen	Merck
		Mylan	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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