

# COVID-19 and early therapies update for GPs

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Department of Health

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Department  
of Health

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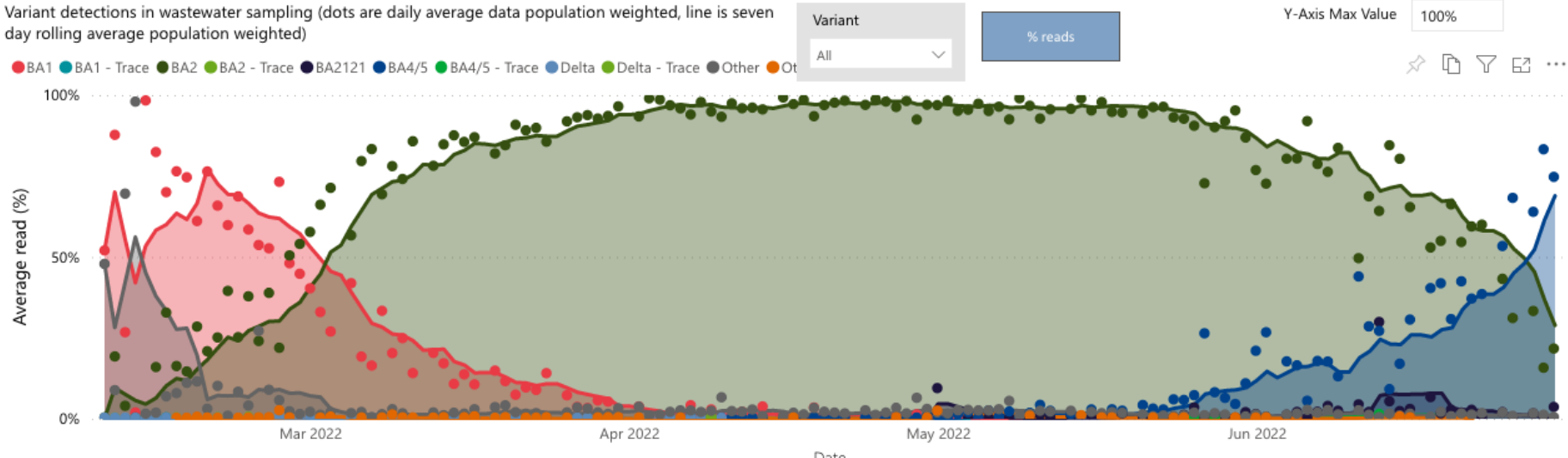
# Emergence of BA.4/5

BA.4, BA.5 now dominant strain in Victoria, overtaking BA.2

Hospitalisations up 83% in the past 3 weeks

Another wave started – peak likely August but we can act to reduce the impact NOW

Variant detections in wastewater sampling (dots are daily average data population weighted, line is seven day rolling average population weighted)



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# Covid advice for Victorians to stay well in winter

## Media Release

The Hon Mary-Anne Thomas MP  
Minister for Health  
Minister for Ambulance Services

Changes to pandemic orders came into effect from 11:59 pm last night (Tuesday 12 July 2022)

- Reinfection period reduced from 12 weeks to 4 weeks
- Positive cases are still required to isolate for seven days from the day they took their test
  - Additional reason to leave isolation – to transport a household member to obtain food
- Masks wearing indoors and crowded settings is strongly recommended to protect yourself and our most vulnerable Victorians through Winter

<https://www.premier.vic.gov.au/covid-advice-victorians-stay-well-winter>

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# Eligibility for vaccines and antivirals has expanded

## ATAGI updated recommendations for a winter dose of COVID-19 vaccine

Recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI) on the COVID-19 vaccine winter dose.

Date published: 7 July 2022

The updated recommendations are:

- Adults aged 50 to 64 years are now recommended to receive a winter booster dose of a COVID-19 vaccine.
- Adults aged 30 to 49 years can receive a winter booster dose of a COVID-19 vaccine, however the benefit for people in this age group is less certain.
- The interval recommended between a recent SARS-CoV-2 infection or the first booster dose and a winter booster dose is now 3 months.

ATAGI emphasises that people previously eligible for a [winter booster dose](#) remain at higher risk of severe disease and death from COVID-19 and should receive a winter booster dose as soon as possible. They include:

- all adults aged 65 years or older
- residents of aged care or disability care facilities
- Aboriginal and Torres Strait Islander people aged 50 years or older
- people who are [severely immunocompromised](#) (this will be their fifth dose)
- people aged 16 years or older with [a medical condition](#) that increases the risk of severe COVID-19 illness
- people aged 16 years or older with disability, significant or complex health needs, or multiple comorbidities which increase the risk of a poor outcome.

# Eligibility for vaccines and antivirals has expanded

## Updated Eligibility for oral COVID-19 treatments

Most cases of COVID-19 are mild and can be managed at home. Some people who are at higher risk may need specific antiviral treatments prescribed by their healthcare provider. Learn about who is eligible for COVID-19 treatments.

On this page

[Eligibility for oral COVID-19 treatments](#)

## Senior Australians and Aboriginal and Torres Strait Islander people

If you test positive for COVID-19, you may be eligible for antiviral treatments if you are:

- 70\* years and older
- 50 years or older with **2** additional risk factors
- Aboriginal or Torres Strait Islander, 30 years or older and with **2** additional risk factors.  
\* where treatment is commenced within 5 days of symptom onset, or as soon as possible if you have no symptoms but test positive.

Risk factors for these groups include:

- living in residential aged care
- living with disability with multiple conditions and/or frailty (but not limited to living in supported accommodation)
- neurological conditions like stroke or dementia and demyelinating conditions e.g. multiple sclerosis, Guillain-Barre Syndrome
- chronic respiratory conditions including COPD, moderate or severe asthma
- obesity or diabetes (type I or II requiring medication)
- heart failure, coronary artery disease, cardiomyopathies
- kidney failure or cirrhosis
- living remotely with reduced access to higher level healthcare.

## People aged 18 years and older

If you test positive for COVID-19 and are moderately to severely immunocompromised, you may be eligible for antiviral treatments.

# STAY WELL THIS WINTER

## Six steps to protect our community

### #1 Masks

Wear a quality mask to protect from COVID and flu

### #2 Ventilation

Ensure airflow when gathering indoors (or go outside!)

### #3 Isolation

Stay home if unwell

### #4 Testing

Take a RAT if you have symptoms, PCR if high risk

### #5 Medication

Consult your doctor immediately if positive and high risk

### #6 Vaccination

If you're due for your third or fourth dose, get it NOW!

STAY  
WELL  
THIS  
WINTER

For more information about how to  
fight COVID-19 and stay well this  
winter visit  
[https://www.betterhealth.vic.gov.au/  
stay-well-this-winter](https://www.betterhealth.vic.gov.au/stay-well-this-winter)

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# COVID-19 early therapies for people not on oxygen

- There are a range of medications provisionally approved by the TGA available in Victoria
- Access for patients through hospitals (National Medical Stockpile) or primary care:

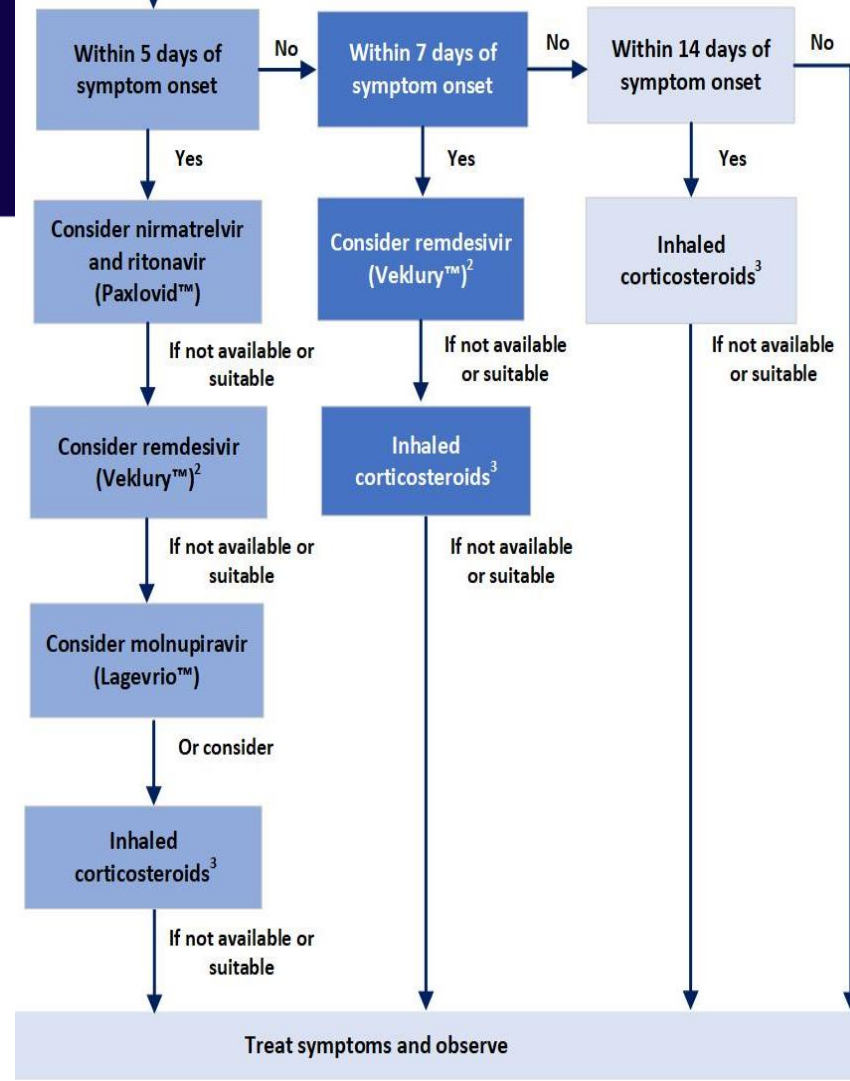
Hospital only medications
NMS
remdesivir (Veklury™) nirmatrelvir and ritonavir (Paxlovid™) for 12-17yos sotrovimab (Xevudy™) casirivimab plus imdevimab (Ronapreve™)

Primary care medications	
PBS	Non-PBS
nirmatrelvir and ritonavir (Paxlovid™) molnupiravir (Lagevrio™)	Inhaled corticosteroids: budesonide (Pulmicort™) ciclesonide (Alvesco™)

- Treatment goal is to prevent severe disease in high-risk people with COVID-19 early in their illness

# COVID-19 early therapies - adults

- [COVID-19 medications for at risk people who do not require oxygen](#)
- Clinical guidance to support prescribing
- Includes key prescribing information on administration, timing, precautions and contraindications and links to further information
- Includes Paxlovid™ flow chart



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**Paxlovid™ is not suitable if a patient has any of the following:**

- Severe renal (eGFR < 30ml/min) or liver impairment (Child Pugh Class C)
- < 40kg
- Unable to swallow tablets
- Pregnancy
- Hypersensitive to active ingredients
- > 5 days since symptom onset

**Common medications which interact - coadministration not recommended:**

Amiodarone	Midazolam (oral)
Bosentan	Pethidine
Carbamazepine	Phenobarbitone
Ciclosporin	Primidone
Clozapine	Phenytoin
Clonazepam	Quetiapine
Colchicine	Rifampicin
Disopyramide	Sildenafil (pulmonary hypertension)
Dronedarone	Sildenafil (pulmonary hypertension) Sirolimus
Enzalutamide	St John's Wort
Eplerenone	Tacrolimus
Flecainide	Tadalafil
Ivabradine	

List not exhaustive

**Take a thorough medication history:**

- Check if the patient uses a compliance aid and who fills it e.g. patient, carer, pharmacy
- Gather full medication list including prescribed, over-the-counter, supplementary/herbal medications and any illicit/recreational drugs
- Check for interactions
- Seek pharmacist advice if required  
<https://www.covid19druginteractions.org/checker>  
(or Paxlovid™ product information if not listed)

**Common medications with interactions - may be appropriate if withheld for 8 days or dose adjusted:**

Alfuzosin	Rivaroxaban
Apixaban	Rosuvastatin
Atorvastatin	Salmeterol
Diazepam	Simvastatin
Domperidone	Ticagrelor
Lercanidipine	

List not exhaustive

**Medications with no known interactions:**

ACE inhibitors	Inhalers (except salmeterol)
Acid reducing agents (antacids, PPIs and H2RAs)	Insulin
Aspirin	Levothyroxine
Azathioprine	Metformin
Beta Blockers	Methotrexate
Contraceptives/HRT	Monoclonal antibodies (MABs)
Corticosteroids	Mycophenolate
(oral/inhaled/topical)	NSAIDs (except piroxicam)
Flustatin	Pravastatin
Frusemide	Pregabalin
Gabapentin	
Immunoglobulin	

List not exhaustive

**Consider if the following can be done safely and is suitable based on the specific drug interaction:**

- Can interacting regular medicines be safely withheld for 8 days (treatment time + 3)
- Can interacting medication be safely dose adjusted?
- Is monitoring for adverse reactions when interacting medicines are used concurrently possible?

YES

**Consent and prescribe**

Consent patient or medical treatment decision maker and prescribe dose based on renal function

**If eGFR 30-60ml/min:**

Nirmatrelvir 150mg (1 x 150mg) + ritonavir 100mg  
BD for 5 days

**If eGFR ≥ 60ml/min:**

Nirmatrelvir 300mg (2 x 150mg) + ritonavir 100mg  
BD for 5 days

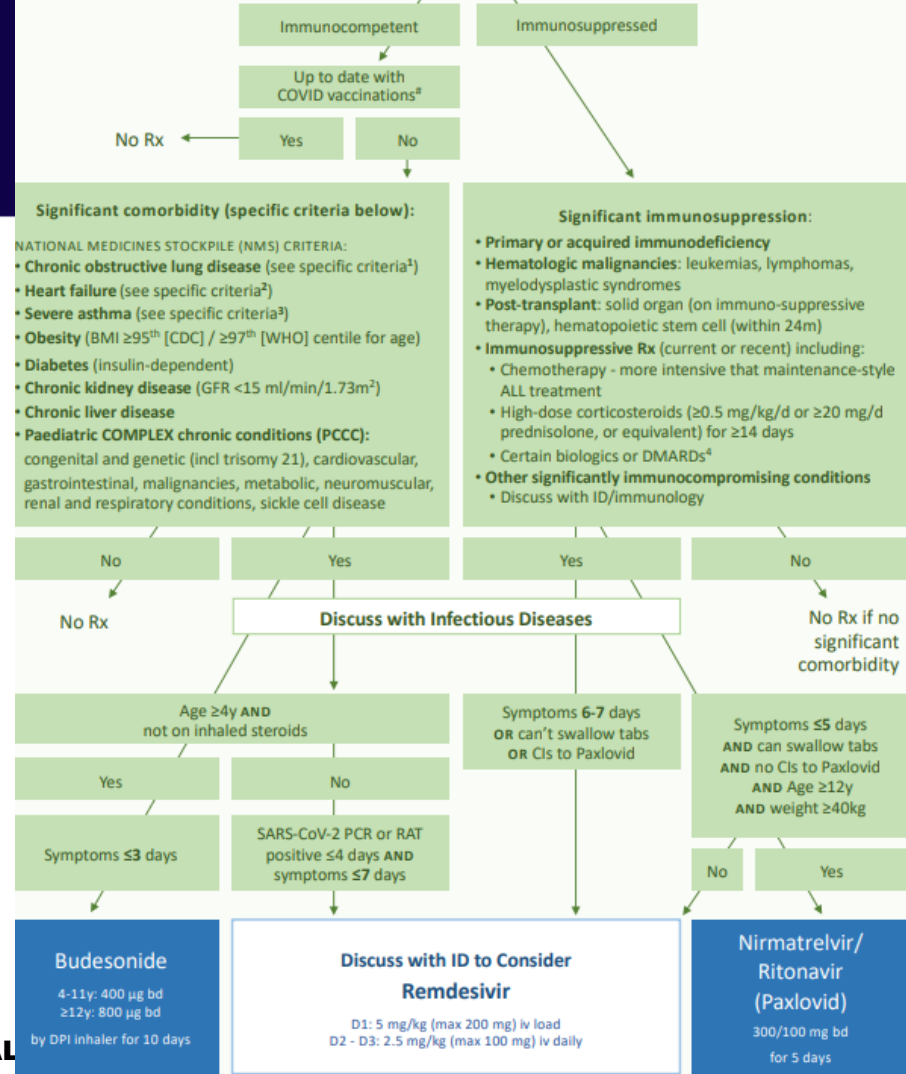
If Paxlovid™ is not suitable consider other early therapies based on precautions, contraindications, efficacy and availability

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# COVID-19 early therapies

## - children

- Clinical-decision making for children <18yo advised by [RCH guidelines](#)
- Inhaled corticosteroids able to be prescribed in primary care (non PBS)
- NMS only: nirmatrelvir and ritonavir (Paxlovid™) if significant immunosuppression ( $\geq 12$ yo)
- NMS only: remdesivir (Veklury™) if significant immunosuppression OR significant comorbidities and not up-to-date with COVID vaccinations



# Victorian COVID Therapies PBS Prescriber Helpline

- Pharmacy helpline launched in May to support GPs in the prescription of oral antivirals nirmatrelvir and ritonavir (Paxlovid™) and molnupiravir (Lagevrio™)
- Staffed by Alfred Health pharmacists experienced in prescribing COVID-19 early therapies
- 7 days a week 8am-5pm
- (03) 8290 3801

# Early therapies in primary care

- Pre-emptively identify and raise awareness among patients who fit the eligibility criteria and have an opportunistic discussion ahead of a COVID-19 diagnosis
- As part of that discussion, advise patients if they test positive through a RAT or PCR to contact the practice to get an appointment (i.e. telehealth) for a consultation and prescription
- Advise local pharmacies that as eligible patients present, GPs will be prescribing these medications so pharmacies are encouraged to hold stock
- Optimise uptake in residential care and other at-risk groups

# Further information

- [Department's medications for patients with COVID-19 page](#)
- [Expansion to PBS eligibility criteria \(Lagevrio™ and Paxlovid™\): Addendum – 11 July 2022](#)
- [Expansion to PBS eligibility criteria \(Lagevrio™ and Paxlovid™\): Information for prescribers and pharmacists – 11 July 2022](#)