

Early antiviral treatments for COVID-19

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Department
of Health

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Benefits

- **Individual benefit**

- Molnupiravir – 30% relative (2.9% absolute) reduction in hospitalisation or death
- Paxlovid – 89% relative (5.8% absolute) reduction in hospitalisation or death

- **Health system benefit – primary care, ambulance, hospitals**

- Winter – COVID-19, influenza, deferred care

- **Public health benefit**

- Rapid reduction in viral shedding and culturable virus (molnupiravir)

→ *Current uptake for eligible Victorians diagnosed with COVID-19 ?*

What are the PBS indications?

Authority Required (STREAMLINED) - SARS-CoV-2 infection

Clinical criteria:

- Patient must have received a positive polymerase chain reaction (PCR) test result: OR
- Patient must have received a positive rapid antigen test (RAT) result verified by a medical practitioner or nurse practitioner,

AND

- Patient must have at least one sign or symptom attributable to COVID-19,

AND

- Patient must not require hospitalisation at the time of prescribing,

AND

- Patient must be aged 65 years or over and at high risk,

AND

- The treatment must be initiated within 5 days of symptom onset.

For the purpose of administering this restriction, high risk is defined as the presence of at least two of the following conditions:

- The patient has received less than 2 doses of SARS-CoV-2 vaccine,
- The patient is aged 75 years or over,
- The patient is in residential aged care or residential disability care,
- Neurological conditions, including stroke and dementia,
- Respiratory compromise, including COPD, moderate or severe asthma (required inhaled steroids), and bronchiectasis,
- Congestive heart failure (NYHA Class II or greater),
- Obesity (BMI greater than 30 kg/m²),
- Diabetes Types I and II, requiring medication for glycaemic control,
- Renal failure (eGFR less than 60mL/min),
- Cirrhosis, or
- The patient has reduced, or lack of, access to higher level healthcare and lives in an area of geographic remoteness classified by the Modified Monash Model as Category 5 or above.

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- Patient must be moderately to severely immunocompromised,

AND

- Patient must be at risk of progression to severe disease due to immunocompromised status,

AND

- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be at least 18 years of age.

For the purpose of administering this restriction, "moderately to severely immunocompromised" patients are those with:

1. any primary or acquired immunodeficiency including:

- a. Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes, multiple myeloma and other plasma cell disorders,
- b. Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months),
- c. Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency OR

2. any significantly immunocompromising condition(s) where, in the last 3 months the patient has received:

- a. Chemotherapy or whole body radiotherapy,
- b. High-dose corticosteroids (greater than or equal to 20 mg of prednisone per day, or equivalent) for at least 14 days in a month, or pulse corticosteroid therapy,
- c. Biological agents and other treatments that deplete or inhibit B cell or T cell function (anti-CD20 antibodies, BTK inhibitors, JAK inhibitors, sphingosine 1-phosphate receptor modulators, anti-CD52 antibodies, anti-complement antibodies, anti-thymocyte globulin),
- d. Selected conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) including mycophenolate, methotrexate (more than 0.4mg/kg/week), leflunomide, azathioprine (at least 3mg/kg/day), 6-mercaptopurine (at least 1.5mg/kg/day), alkylating agents (e.g. cyclophosphamide, chlorambucil), and systemic calcineurin inhibitors (e.g. cyclosporin, tacrolimus) OR

3. any significantly immunocompromising condition(s) where, in the last 12 months the patient has received rituximab,

4. Others with very high risk conditions including Down Syndrome, cerebral palsy, congenital heart disease, thalassemia, sickle cell disease and other haemoglobinopathies OR

5. People with severe intellectual or physical disabilities requiring residential care

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What about interactions?

Uni of Liverpool COVID-19 Drug Interaction Checker – www.covid19-druginteractions.org

 COVID-19 Drug Interactions

 UNIVERSITY OF LIVERPOOL

[About](#) [Interaction Checkers](#) [Prescribing Resources](#) [Contact Us](#)

Interactions with selected WHO Essential Medicines and Paxlovid (nirmatrelvir/ritonavir) now available in the Prescribing Resources section - [click here for the PDF](#).

If a drug is not listed below it cannot automatically be assumed it is safe to coadminister.

COVID Drugs	Co-medications	Drug Interactions
<input type="text" value="Search drugs..."/>	<input type="text" value="Search co-medications..."/>	<input type="checkbox"/> Check COVID/COVID drug interactions
Reset Checker		
Switch to table view Results Key		
<input checked="" type="radio"/> A-Z <input type="radio"/> Class <input type="radio"/> Trade	<input checked="" type="radio"/> A-Z <input type="radio"/> Class	
<input checked="" type="checkbox"/> Nirmatrelvir/ritonavir (5 days) [Please read the interaction details as management of these interactions may be complex.]	<input checked="" type="checkbox"/> Metformin	Do Not Coadminister
<input type="checkbox"/> Anakinra	<input checked="" type="checkbox"/> Metoprolol	Nirmatrelvir/ritonavir (5 days) [Please read the interaction details as management of these interactions may be complex.]
<input type="checkbox"/> Azithromycin	<input checked="" type="checkbox"/> Rivaroxaban	Rivaroxaban
<input type="checkbox"/> Bamlanivimab/ Etesevimab	<input type="checkbox"/> Abacavir	More Info
<input type="checkbox"/> Baricitinib	<input type="checkbox"/> Abemaciclib	No Interaction Expected
<input type="checkbox"/> Bebtelovimab	<input type="checkbox"/> Abiraterone	Nirmatrelvir/ritonavir (5 days) [Please read the interaction details as management of these interactions may be complex.]
<input type="checkbox"/> Budesonide (inhaled)	<input type="checkbox"/> Acalabrutinib	Metformin
<input type="checkbox"/> Canakinumab	<input type="checkbox"/> Acarbose	More Info
<input type="checkbox"/> Casirivimab/ Imdevimab	<input type="checkbox"/> Acenocoumarol	No Interaction Expected
<input type="checkbox"/> COVID-19 vaccines	<input type="checkbox"/> Acetylcysteine	Nirmatrelvir/ritonavir (5 days) [Please read the interaction details as management of these interactions may be complex.]
	<input type="checkbox"/> Aciclovir	
	<input type="checkbox"/> Aclidinium bromide	

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What resources and support are available?

www.health.vic.gov.au/covid-19/vaccines-and-medications-in-patients-with-covid-19

Victorian COVID-19 Therapies PBS Prescriber Helpline

A pharmacy helpline has been launched to support PBS prescribers in the prescription of oral antivirals nirmatrelvir and ritonavir (Paxlovid™) and molnupiravir (Lagevrio™) to COVID-19 patients within the community.

The helpline is staffed by Alfred Hospital pharmacists experienced in the prescription of COVID-19 early therapies. It is intended for use by Victorian PBS prescribers such as GPs and nurse practitioners.

The helpline is staffed 7 days a week between 8 to 5pm and can be contacted on [03 8290 3801](tel:0382903801).

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Medications for patients with COVID-19

Advice for healthcare workers on medications for patients with COVID-19.

On this page

- COVID-19 medications guidance
- Additional information
- What are the recommendations for influenza vaccination?
- Can Tamiflu still be given to patients with mild flu-like symptoms?
- Information about COVID-19 vaccines



COVID-19 medications guidance

Early therapies

There are a range of medications provisionally approved by the Therapeutic Goods Administration (TGA) and available in Victoria through the National Medical Stockpile (NMS). These medications are for the treatment of patients in the early phase of infection with COVID-19 who are at risk of progression to severe disease.

The medications currently available for mild disease are:

- nirmatrelvir and ritonavir (Paxlovid™)
- remdesivir (Veklury™)
- molnupiravir (Lagevrio™)
- sotrovimab (Xevudy™)
- casirivimab plus imdevimab (Ronapreve™)

Resources to support clinical decision making include:

COVID-19 medications in adults - clinical decision making

Prioritisation of COVID-19 medications

Algorithm for the Management of Children with Symptomatic COVID-19

Hospital early therapies factsheet for referrers

PBS prescribing criteria molnupiravir (Lagevrio™)

PBS prescribing criteria nirmatrelvir and ritonavir (Paxlovid™)

COVID-19

Coronavirus (COVID-19)

Pandemic orders & framework

For health services and professionals

For health services and professionals

Assessment and testing criteria for COVID-19

Health service planning

Primary care guidance for the response to COVID-19 risks

Clinical guidance and resources

Telehealth

Vaccines and medications in patients with COVID-19

Infection prevention control resources

Health workforce response

Victorian Health Service Guidance and response to COVID-19 risks

Help and support for healthcare workers

For providers

Latest news and data

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Questions and Discussion points

- Is Paxlovid now in clinical software?
- Is your local pharmacy stocking both antivirals? Do they deliver?
 - [Victorian Supercare Pharmacies](#) provide a backup
- Particular barriers / access concerns in RACF?
 - *Pre-emptive review, discussion, decision making regarding access in event of diagnosis*
- Complexity in decision making when the patient is diagnosed
 - *? Role for 'COVID-19 Management Plan' (and Influenza Management Plan?) for potentially eligible patients – prior consultation to document plan if diagnosed*