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| COVID-19 medications for at risk people who do not require oxygen |
| Updated 10 August 2022 |
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# Background

There are a range of Therapeutic Goods Administration (TGA) approved COVID-19 medications available in Victoria for at risk people with COVID-19. The purpose of this document is to:

* support clinical decision making in the selection of medications for eligible adults with COVID-19 who do not require oxygen – see [COVID-19 medications in adults](#_COVID-19_medications_in_2)
* provide referral details for access to early therapies through the hospital system – see [Referral information for access to early therapies](#_Referral_information_for)
* outline eligibility for and prioritisation of early therapies through the hospital system – see [Medication eligibility and prioritisation](#_Prioritisation_of_COVID-19_1)

This document will be reviewed and updated as required based on:

* emerging evidence and efficacy of medications
* access and availability to new medications
* changes to pathways of care.

This document has been developed by an expert working group of Victorian clinicians and includes consideration of recommendations from the National COVID-19 Clinical Evidence Taskforce.

For advice on the management of children with symptomatic COVID-19 refer to the [Royal Children’s Hospital guidelines](https://www.rch.org.au/uploadedFiles/Main/Content/clinicalguide/guideline_index/RCH-COVID-clinical-management-guidelines-package.pdf) <https://www.rch.org.au/uploadedFiles/Main/Content/clinicalguide/guideline\_index/RCH-COVID-clinical-management-guidelines-package.pdf>

The Request to Access form for National Medical Stockpile (NMS) medications can be found [here](https://content.health.vic.gov.au/sites/default/files/2022-04/Request-to-Access-Remdesivir-Ronepreve-Sotrovimab-and-oral-therapies-for-mild-disease-060422.pdf)

<https://content.health.vic.gov.au/sites/default/files/2022-04/Request-to-Access-Remdesivir-Ronepreve-Sotrovimab-and-oral-therapies-for-mild-disease-060422.pdf>

PBS prescribing information can be found at [PaxlovidTM eligibility criteria](https://www.pbs.gov.au/medicine/item/12996B) <<https://www.pbs.gov.au/medicine/item/12996B>> and [LagevrioTM eligibility criteria](https://www.pbs.gov.au/medicine/item/12910L) <<https://www.pbs.gov.au/medicine/item/12910L>>.

For information on the clinical evidence supporting the use of each medication refer to the [National COVID-19 Clinical Evidence Taskforce](https://covid19evidence.net.au/) <https://covid19evidence.net.au/> and [Drug treatments for at risk adults with COVID-19 who do not require oxygen](https://covid19evidence.net.au/wp-content/uploads/DECISION-TOOL-DT-FOR-ADULTS-V2.0.pdf?=220422-43049) decision tool <https://covid19evidence.net.au/wp-content/uploads/DECISION-TOOL-DT-FOR-ADULTS-V2.0.pdf?=220422-43049>.

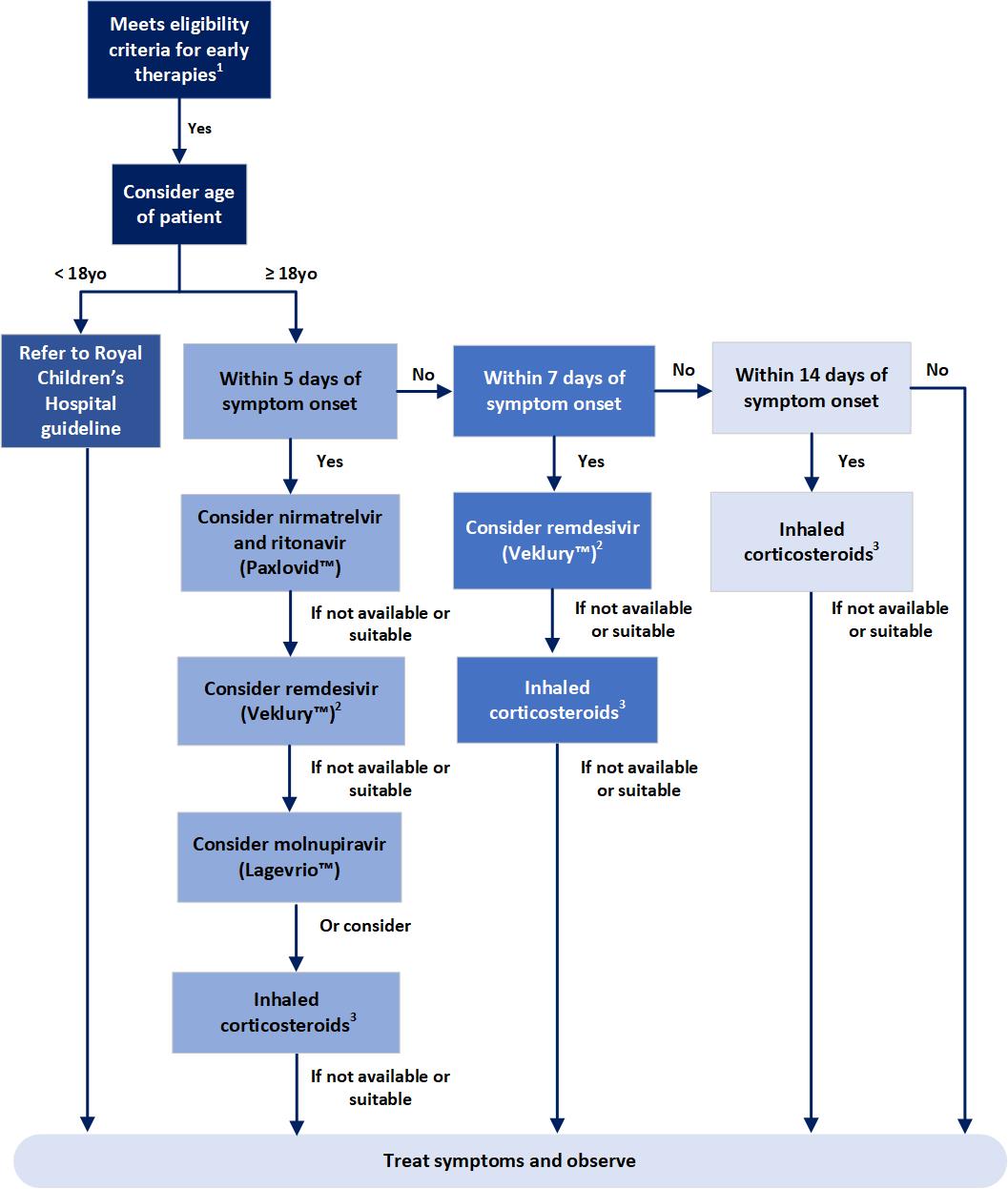
# COVID-19 medications in adults

Figure 1. Overview of medication selection for adults with COVID-19 who do not require oxygen

1. In **exceptional circumstances**, access to medications may be considered for patients who do not fit within the eligibility requirements if:

* the patient’s case has been discussed with two senior physicians experienced in the management of COVID-19 (at least one of which is an infectious disease physician where available) and
* there is consensus that the treatment is clinically indicated.

1. **Remdesivir (VekluryTM)** may be reserved as an option for outpatients who are in the highest priority group(s) e.g. priority 1-2 and for inpatients of all priority groups of the [Prioritisation Table](#_Prioritisation_of_COVID-19_1).
2. **Inhaled corticosteroids** budesonide (PulmicortTM) or ciclesonide (AlvescoTM) can be considered as either a standalone therapy or as an additional therapy in patients already prescribed another early therapy.



*****FOR ELIGIBLE PATIENTS FIRST CONSIDER*****

### nirmatrelvir and ritonavir (PaxlovidTM)

**Timeframe**: Within five days of symptom onset

**Administration**: 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet), with all three tablets taken together twice daily for five days.

If eGFR 30-60 ml/min then reduce dose to 150 mg nirmatrelvir (one 150 mg tablet) with 100mg ritonavir (one 100 mg tablet), with both tablets taken together twice daily for five days. eGFR testing prior to prescription is not routine. Clinicians to determine need based on an individual’s risk of renal impairment.

**Contraindications**:

* Severe renal (eGFR < 30 ml/min) or hepatic impairment (Child-Pugh Class C)
* Co-administration with drugs highly dependent on CYP3A4, 2D6, p-glycoprotein and specific transporter proteins for which elevated concentrations are associated with serious and/or life threatening reactions (unless the medication can be stopped for 8 days after commencing PaxlovidTM). Co-administration with potent CYP3A4 inducers where significantly reduced nirmatrelvir or ritonavir plasma concentrations may be associated with the potential for loss of virologic response and possible resistance.
* Hypersensitivity to active ingredients or other components of the product
* Weight < 40 kg
* Category B3 - do not use in pregnant women and in women of childbearing potential not using contraception. Women should avoid becoming pregnant during treatment and until 7 days after treatment ceases.
* Do not use in breastfeeding women. Breastfeeding can commence 7 days after treatment ceases.

**Precautions:**

* HIV viral load > 400 copies/ml
* Significant drug interactions are expected with the concomitant use of nirmatrelvir and ritonavir (PaxlovidTM) and many other drugs. An accurate medication history must be complied to ensure that drug-drug interactions can be managed appropriately and the plan communicated clearly to the patient. Potential drug interactions must be reviewed by both the clinician when considering prescribing the medication and also a pharmacist reviewing potential interacting medications.
* Must be able to swallow tablets whole (do not crush the tablets)
* Patients should be informed of the risk of rebound, and to re-isolate if symptoms reoccur.

**Further information:**

[University of Liverpool COVID-19 Drug Interactions resource](https://www.covid19-druginteractions.org/) <https://www.covid19-druginteractions.org/> (also available as an app on mobile devices – search for ‘COVID-19 iChart’ on App Store or Google Play)

[Australian guidelines for the clinical care of people with COVID-19](https://app.magicapp.org/#/guideline/L4Q5An/section/LA6kkM)

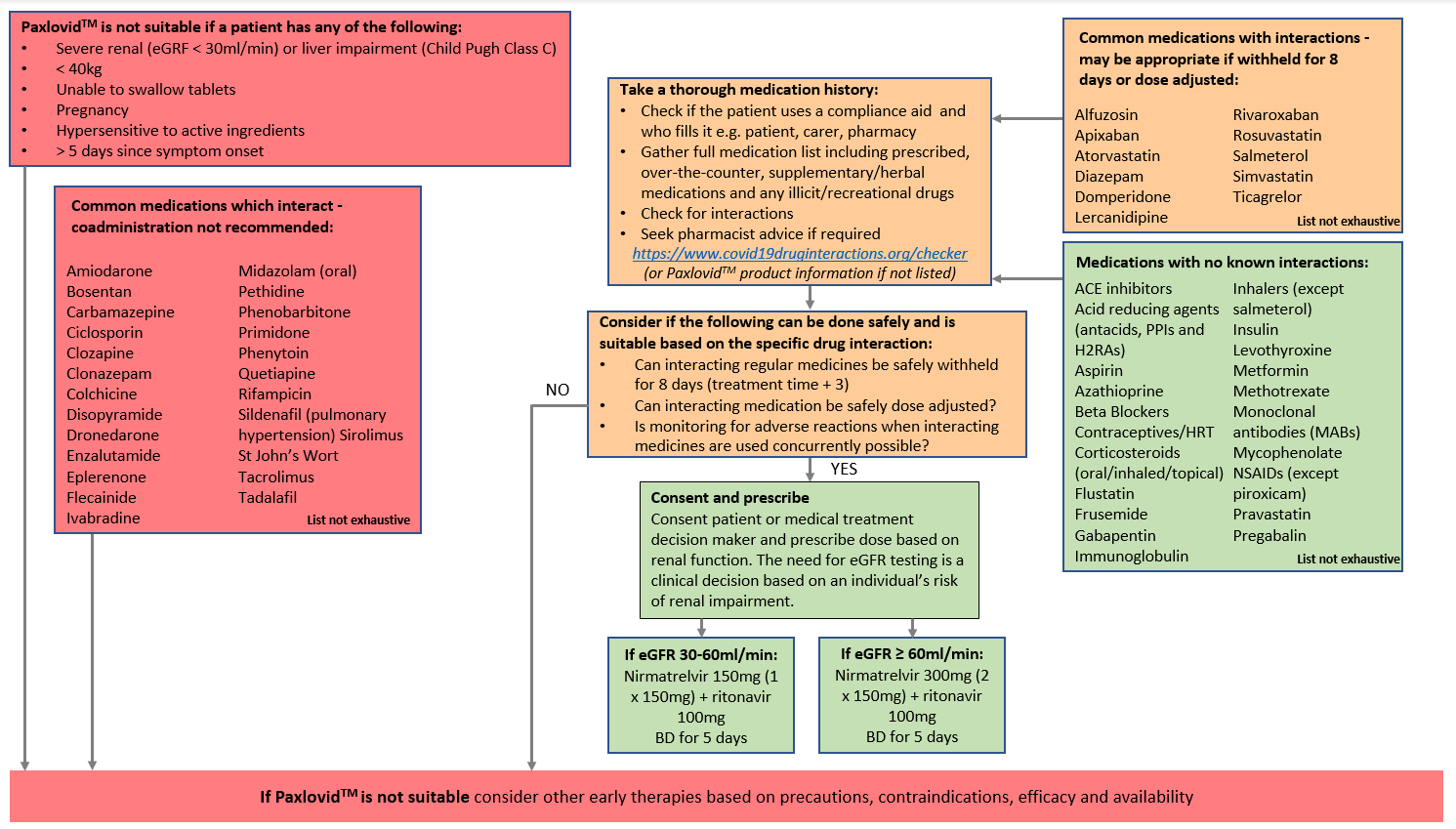
< <https://app.magicapp.org/#/guideline/L4Q5An/section/LA6kkM>>

[IDSA Management of Drug Interactions With Nirmatrelvir/Ritonavir (Paxlovid®): Resource for Clinicians](https://www.idsociety.org/globalassets/idsa/practice-guidelines/covid-19/treatment/idsa-paxlovid-drug-interactions-resource-5-6-22-v1.1.pdf) <https://www.idsociety.org/globalassets/idsa/practice-guidelines/covid-19/treatment/idsa-paxlovid-drug-interactions-resource-5-6-22-v1.1.pdf>

[Product information](file:///C:/Users/lhew0807/Downloads/Product%20information) <https://www.tga.gov.au/sites/default/files/paxlovid-pi.pdf>

[Consumer information](https://www.tga.gov.au/sites/default/files/paxlovid-cmi.pdf) <https://www.tga.gov.au/sites/default/files/paxlovid-cmi.pdf>

Lexicomp Interaction Checker or Australian Medicines Handbook Interaction Checkers (accessible via [Clinicians Health Channel](https://www.clinicians.vic.gov.au/) for list of CYP3A4 & 2D6 substrates/inducers) <https://www.clinicians.vic.gov.au/>



Flow chart based on University of Liverpool [Assessing a patient for treatment with Paxlovid](https://www.covid19-druginteractions.org/prescribing_resources/paxlovid-patient-assessment) <https://www.covid19-druginteractions.org/prescribing\_resources/paxlovid-patient-assessment> flow chart (March 2022) and The Northern Hospital Treatment of patients with mild/early COVID-19 flow chart.

**Figure 2. Nirmatrelvir and ritonavir (PaxlovidTM) prescribing considerations**

*****IF nirmatrelvir and ritonavir (PAXLOVIDTM) IS NOT AVAILABLE OR SUITABLE, THEN CONSIDER*****

### remdesivir (VekluryTM)

**Timeframe**: Within seven days of symptom onset

**Administration**: remdesivir (VekluryTM) IV for three days (200 mg dose on day one, then 100 mg daily on days two and three)

**Contraindications**:

* Hepatic dysfunction (ALT > 5 x upper limit of normal, or ALT > 3 x upper limit of normal and bilirubin > 2 x upper limit of normal)
* Severe renal impairment (eGFR < 30 ml/min) – unless receiving dialysis treatment
* Hypersensitivity to active ingredients or other components of the product
* Weight < 40 kg (Note. dosed in mg/kg in patients < 18 years old see  [Royal Children’s Hospital guidelines](https://www.rch.org.au/uploadedFiles/Main/Content/clinicalguide/guideline_index/RCH-COVID-clinical-management-guidelines-package.pdf)) <https://www.rch.org.au/uploadedFiles/Main/Content/clinicalguide/guideline\_index/RCH-COVID-clinical-management-guidelines-package.pdf>

**Precautions:**

* Category B2 - requires assessment of risks verus benefits and specialist advice for use in pregnant women. Women should avoid becoming pregnant during treatment.
* Breastfeeding requires assessment of risks verus benefits and specialist advice
* Consider logistics of patient accessing the healthcare setting for IV infusion for three consecutive days
* Co-administration with chloroquine phosphate or hydroxychloroquine sulphate may reduce metabolic activation and antiviral activity of remdesivir (VekluryTM)

**Further information:**

[Australian guidelines for the clinical care of people with COVID-19](https://app.magicapp.org/#/guideline/L4Q5An/section/no6vGL)

<https://app.magicapp.org/#/guideline/L4Q5An/section/no6vGL>

[Product information](file:///C:/Users/lhew0807/Downloads/Product%20information) <https://www.tga.gov.au/sites/default/files/auspar-remdesivir-200720-pi.pdf>

[Consumer information](https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2020-CMI-01929-1) <https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2020-CMI-01929-1>

*****IF REMDESIVIR (VekluryTM) IS NOT AVAILABLE OR SUITABLE, THEN CONSIDER*****

### molnupiravir (LagevrioTM)

**Timeframe**: Within five days of symptom onset

**Administration**: molnupiravir (LagervrioTM) 800 mg (four 200mg capsules), taken twice daily for 5 days

**Contraindications:**

* Category D - do not use in pregnant women. Women should avoid becoming pregnant during treatment and until four days after treatment ceases. Men should use adequate contraception during and 3 months after treatment ceases.
* Do not use in breastfeeding women. Breastfeeding can commence four days after treatment ceases.
* Hypersensitivity to active ingredients or other components of the product

**Precautions:**

* There are some concerns about poorer efficacy of molnupiravir (LagevrioTM) compared to nirmatrelvir and ritonavir (PaxlovidTM) or remdesivir (VekluryTM), but may be appropriate when other options are not suitable or available

**Further information:**

[Australian guidelines for the clinical care of people with COVID-19](https://app.magicapp.org/#/guideline/L4Q5An/section/jboz6G)

<https://app.magicapp.org/#/guideline/L4Q5An/section/jboz6G>

[Product information](https://www.tga.gov.au/sites/default/files/lagevrio-pi.pdf) <https:\www.tga.gov.au\sites\default\files\lagevrio-pi.pdf>

[Consumer information](file://internal.vic.gov.au/DHHS/HomeDirs6/lhew0807/Documents/Consumer%20information) <https://www.tga.gov.au/sites/default/files/lagevrio-cmi.pdf>

*****OR CONSIDER*****

### Inhaled corticosteroids: budesonide (PulmicortTM) or ciclesonide (AlvescoTM)

**Timeframe**: Within 14 days of symptom onset

**Administration**:

* Budesonide (PulmicortTM) 800 μg inhaled twice daily for up to 14 days. Ciclesonide (AlvescoTM) 320 μg inhaled twice daily for up to 14 days.
* Inhaled corticosteroids can be considered as either a standalone therapy or as an additional therapy in patients already prescribed another early therapy.

**Contraindications:**

* Hypersensitivity to active ingredients or other components of the product

**Precautions:**

* Inhaled corticosteroids are considered to be safe for use during pregnancy and breastfeeding. In pregnancy, budesonide (PulmicortTM) which is Category A is the preferred option over ciclesonide (AlvescoTM) which is Category B3.
* If patients are already prescribed inhaled corticosteroids for other indications continue usual medications and do not add budesonide (PulmicortTM) or ciclesonide (AlvescoTM).
* Budesonide (PulmicortTM) is only available in Australia as a Dry Powder Inhaler (DPI) which requires a patient to inhale deeply and quickly. If patients are unable to do this, use ciclesonide (AlvescoTM) which is available as a Metered Dose Inhaler (MDI) and can be used with a spacer.
* Inhaled corticosteroids have a conditional recommendation by the National COVID-19 Clinical Evidence Taskforce. There is currently some uncertainty as to clinical benefit for both standalone inhaled corticosteroids or use as an additional therapy.
* Budesonide (PulmicortTM) and ciclesonide (AlvescoTM) are not listed on the PBS for a COVID-19 indication, however are not cost prohibitive on a private script.

**Further information:**

[Australian guidelines for the clinical care of people with COVID-19](file:///C:/Users/lhew0807/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/57WEQ836/%3Chttps:/app.magicapp.org/#/guideline/L4Q5An/section/EKeMKy>)

<https://app.magicapp.org/#/guideline/L4Q5An/section/EKeMKy>

[Budesonide (PulmicortTM) product information](https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2010-PI-04678-3)

<https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2010-PI-04678-3>

[Budesonide (Pulmicort](https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2010-CMI-04677-3&d=20220605172310101)[TM](https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2010-CMI-04677-3&d=20220605172310101)[) consumer information](https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2010-CMI-04677-3&d=20220605172310101)

<https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2010-CMI-04677-3&d=20220605172310101>

[Ciclesonide (Alvesco](https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2021-PI-01896-1&d=20220605172310101)[TM](https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2021-PI-01896-1&d=20220605172310101)[) product information](https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2021-PI-01896-1&d=20220605172310101)

<https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2021-PI-01896-1&d=20220605172310101>

[Ciclesonide (AlvescoTM) consumer information](https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2021-CMI-01897-1)

<https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2021-CMI-01897-1>

***SOTROVIMAB (XEVUDYTM) AND******CASIRIVIMAB PLUS IMDEVIMAB (RONAPREVETM) ARE NOT RECOMMENDED IN THE CONTEXT OF THE CURRENT VARIANTS CIRCULATING IN VICTORIA DUE TO SIGNIFICANTLY DECREASED EFFICACY.***

# Referral information for access to early therapies

Contact details for access to NMS therapies through the hospital system in Victoria are provided below in **Table 1**.

Prior to making a referral, clinicians should:

* Consider whether they can prescribe patients medications directly via the PBS (PaxlovidTM and LagevrioTM) or privately (inhaled corticosteroids) which are considered to be a suitable therapy option. PBS prescribing information can be found at [PaxlovidTM eligibility criteria](https://www.pbs.gov.au/medicine/item/12996B) <https://www.pbs.gov.au/medicine/item/12996B> and [LagevrioTM eligibility criteria](https://www.pbs.gov.au/medicine/item/12910L) <https://www.pbs.gov.au/medicine/item/12910L>.
* Consider contacting the Victorian COVID-19 therapies PBS prescriber helpline 7 days a week between 8 to 5pm on 03 8290 3801 for support in prescribing these medications.
* Note that health services may not be providing an early therapies service for all levels of priority as described below in [Medication eligibility and prioritisation](#_Prioritisation_of_COVID-19_1) based on local case numbers, Victorian stock availability and workforce capacity to support prescription and administration of therapies. Remdesivir (VekluryTM) may be reserved as an option for outpatients who are in the highest priority group(s) e.g. priority 1-2.

**Table 1. Key hospital contacts for NMS therapies across the state**

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| North East Metro |
| Northern Health  Email: [sotrovimab@nh.org.au](mailto:sotrovimab@nh.org.au)  Days/hours: 9am-5pm; 7 days a week  \*sotrovimab is not offered through Northern Health, this is just the current email address |
| St Vincent’s Hospital  Intake number: (03) 9231 3817  Email referral: [HITHCOVIDTherapies.svhm@svha.org.au](mailto:HITHCOVIDTherapies.svhm@svha.org.au)  Days/hours of operation: 9am-6pm, 7 days per week including public holidays |
| Eastern Health  Intake number: 0402 262 640  Email: [covidearlytreatmentclinic@easternhealth.org.au](mailto:covidearlytreatmentclinic@easternhealth.org.au)  Days/hours of operation: 8.30am-4pm; 7 days per week |
| Austin Health – enquiries only, not therapy prescription/administration  Intake number: 0422 030 378  Email: [COVIDcarepathways@austin.org.au](mailto:COVIDcarepathways@austin.org.au)  Days/hours of operation: 9am-5:30pm, 7 days per week |
| South East Metro |
| Monash Health – external referrals via COVID-19 therapies PBS prescriber helpline on 03 8290 3801  Website: <https://monashhealth.org/patients-visitors/coronavirus/satellite-clinic/> |
| Alfred Health  Intake number: (03) 9076 8611  Email: [CCPclinical@alfred.org.au](mailto:CCPclinical@alfred.org.au)  Days/hours of operation: 9am-5pm, 7 days per week |
| Peninsula Health  Intake number: (03) 8387 2856  Email: [communitycareenquiry@phcn.vic.gov.au](mailto:communitycareenquiry@phcn.vic.gov.au)  Days/hours of operation: 8am – 9pm; 7 days per week |
| West Metro |
| Royal Melbourne Hospital  Intake number: (03) 8387 2856  Email: [RMH-COVIDInfusionReferral@mh.org.au](mailto:RMH-COVIDInfusionReferral@mh.org.au)  Days/hours of operation: 8am-6pm, 7 days per week |
| Western Health  Intake number: 0479 177 846  Email: [WHCovidTreatment@wh.org.au](mailto:WHCovidTreatment@wh.org.au)  Days/hours of operation: 9am-6pm, 7 days per week |
| Werribee Mercy Hospital  Intake number: 0408 462 284  Email: [covidnotification@mercy.com.au](mailto:covidnotification@mercy.com.au)  Days/hours of operation: 9am–5pm; 7 days per week |
| Royal Children’s Hospital  Intake number: 03 9345 5522 (ask for Infectious Diseases Fellow) |
| Gippsland |
| Latrobe Regional Hospital  Intake number: (03) 5173 5479  Email: [C19casemonitoring@lrh.com.au](mailto:C19casemonitoring@lrh.com.au)  Days/hours of operation: 8am–5pm; 7 days per week |
| Bass Coast Health (Bass Coast and South Gippsland LGA) – enquiries only, not therapy prescription/administration  Phone: (03) 5671 3439  Email: [hith@basscoasthealth.org.au](mailto:hith@basscoasthealth.org.au) |
| Central Gippsland Health – enquiries only, not therapy prescription/administration  Phone: (03) 5143 8720  Email: [surgical.unit@cghs.com.au](mailto:surgical.unit@cghs.com.au) |
| Bairnsdale Regional Health Service – enquiries only, not therapy prescription/administration  Phone: 0439 803 198  Email: [covid.home@brhs.com.au](mailto:covid.home@brhs.com.au) |
| Loddon Mallee |
| Bendigo Health  Intake Number: 5454 7270 (ID/HITH Registrar)  Email: [covidpositivepathway@bendigohealth.org.au](mailto:covidpositivepathway@bendigohealth.org.au)  Days/hours of operation: 8:00am – 5:00pm 7 days per week |
| Barwon South West |
| Barwon Health  Intake number: 0481 456 965  Email: [covid.daystay@barwonhealth.org.au](mailto:covid.daystay@barwonhealth.org.au)  Days/hours of operation: 8am–4.30pm; 7 days per week |
| Hume |
| Goulburn Valley Health  Intake number: 1800 490 590  Email: [COVIDMonitoring@gvhealth.org.au](mailto:COVIDMonitoring@gvhealth.org.au)  Days/hours of operation: 8am-4.30pm, 7 days per week |
| Albury-Wodonga Health  Intake number: 0456 813 978 (for clinicians) or 0456 809 574 (for patients)  Email: [covid19consult@awh.org.au](mailto:covid19consult@awh.org.au)  Days/hours of operation: 8am–5:30pm 7 days per week |
| Grampians |
| Grampians Health:  Intake number: 0477 988 870  Fax: 03 5330 5111  Days/hours of operation: Mon-Sun, 8.30am-4pm |
| East Grampians Health Lead:  Intake number: 03 5352 9475  Email: covidmonitor@eghs.net.au  Days/hours of operation: Mon-Sun: 8.30am-5pm |
| West Wimmera Health Service Lead:  Intake number: 03 5391 4292  Email: covidcareteam@wwhs.net.au  Days/hours of operation: Mon-Fri 8am-5pm; Sat-Sun 8am-4.30pm (closed between 10.30am-2.30pm) |
| Central Highlands Rural Health:  Intake number: 03 5422 9900  Email: KynetonCOVIDVHM@chrh.org.au AND susan.whitfield@chrh.org.au  Days/hours of operation: 7 days a week 8am-5.30pm |

# Medication eligibility and prioritisation

* The PBS criteria are used for people being prescribed oral antivirals in the community e.g. general practice and respiratory clinics.
* The NMS criteria are used for people who are being managed by a hospital (for COVID or non-COVID related conditions) and can be used for IV or oral antivirals intended as early therapy for people not yet requiring oxygen.
* The NMS criteria are broader and more inclusive than the PBS criteria. This enables more people to be ***considered for*** therapy if deemed appropriate by their treating clinicians in consultation with the affected person.
* **Table 2** outlines the differences between the NMS and PBS eligibility criteria.
* In times of high demand, hospitals may need to prioritise the highest risk people for access to early therapies. In these circumstances, **Table 3** can be used to help guide prioritisation.
* Early therapies are single agent use, with the exception of inhaled corticosteroids which may be used as an additional therapy.
* Current clinical advice does not support withholding the prescription of early therapies to eligible patients who are reinfected with COVID-19.
* For up-to-date advice on the management of children with symptomatic COVID-19 refer to the [Royal Children’s Hospital guidelines](https://www.rch.org.au/uploadedFiles/Main/Content/clinicalguide/guideline_index/RCH-COVID-clinical-management-guidelines-package.pdf) <https://www.rch.org.au/uploadedFiles/Main/Content/clinicalguide/guideline_index/RCH-COVID-clinical-management-guidelines-package.pdf>

**Table 2. Comparison between NMS and PBS eligibility criteria**

| **Category:**  **Age (years)** | **Eligibility criteria – NMS (all early therapies)** | **Eligibility criteria – PBS (oral antivirals only)** |
| --- | --- | --- |
| **≥ 70** | All eligible including if asymptomatic (irrespective of vaccination status) | As per NMS |
| **≥ 50** | If not up-to-date with vaccinations1 | N/A |
| **> 13 weeks pregnant** | If not up-to-date with vaccinations1 | N/A |
| **≥ 18** | COVID+ patients in an outbreak setting (irrespective of vaccination status) | N/A |

| **Category:**  **Age (years)** | **Eligibility criteria – NMS (all early therapies)** | **Eligibility criteria – PBS (oral antivirals only)** |
| --- | --- | --- |
| **≥ 12** | **One of the following risk factors (irrespective of vaccination status):**   * The patient is in residential aged care * The patient has disability with multiple comorbidities and/or frailty * Neurological conditions, including stroke and dementia and demyelinating conditions * Respiratory compromise, including COPD, moderate or severe asthma (required inhaled steroids), and bronchiectasis, or caused by neurological or musculoskeletal disease * Heart failure, coronary artery disease, cardiomyopathies * Obesity (BMI greater than 30 kg/m2) * Diabetes type I or II, requiring medication for glycaemic control * Renal impairment (eGFR < 60mL/min) * Cirrhosis * 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 above2 * Paediatric complex chronic conditions (PCCC) | **≥ 50** with **two risk factors,** or  **≥ 30** with **two risk factors if Aboriginal**  Risk factors as per NMS (minus PCCC) |
| **≥ 12** | **One of the following risk factors (irrespective of vaccination status):**   * 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   * 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 (at least 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 (abatacept, 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, leflunomide, azathioprine, 6-mercaptopurine (at least 1.5mg/kg/day), alkylating agents (e.g. cyclophosphamide, chlorambucil), and systemic calcineurin inhibitors (e.g. cyclosporin, tacrolimus)   * Any significantly immunocompromising condition(s) where, in the last 12 months the patient has received rituximab * Others with very high-risk conditions including Down Syndrome, cerebral palsy, congenital heart disease, thalassemia, sickle cell disease and other haemoglobinopathies * The patient has disability with multiple comorbidities and/or frailty   1. Refer to [ATAGI](https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination#:~:text=ATAGI%20emphasises%20the%20importance%20of,is%20critical%2C%20e.g.%20health%20care) vaccination status definitions. Also consider people who have been [recommended additional boosters](https://www.health.gov.au/news/atagi-updated-recommendations-for-a-winter-dose-of-covid-19-vaccine) as not-up-to-date.  2. See <https://www.health.gov.au/sites/default/files/documents/2019/12/modified-monash-model-mmm-suburb-and-locality-classification-home-care-subsidy-modified-monash-model-suburb-and-locality-classification-home-care-subsidy_0.pdf> | **≥ 18** with **one risk factor**  Risk factors as per NMS |

**Table 3. Prioritisation of patients for COVID-19 medications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Prioritisation** | | | |
| **Risk factors:** | **Category:**  **Age (years)** | **Priority Group 1** | **Priority Group 2** | **Priority Group 3** | **Priority Group 4** |
| **Immunosuppressed** | ≥12 |  |  |  |  |
| **Vaccination status: Not up-to-date** | ≥80 |  |  |  |  |
| 50-79 |  |  |  |  |
| 12-49 |  |  | **At least one risk factor** |  |
| **Vaccination status: Up-to-date** | ≥65 |  |  | **At least one risk factor** |  |
| 18-64 |  |  |  | **At least one risk factor** |
| **Pregnancy**  **(>13 weeks)**  **Vaccination status: Not up-to-date** |  |  |  |  |  |
| **If Aboriginal**  **Vaccination status: Not up-to-date** | ≥65 |  |  |  |  |
| 50-64 |  |  |  |  |
| 12-49 |  |  | **At least one risk factor** |  |
| **If Aboriginal**  **Vaccination status: Up-to-date** | ≥50 |  |  | **At least one risk factor** |  |
| 18-49 |  |  |  | **At least one risk factor** |

Note. Coloured boxes with specific criteria within them outline additional considerations for that priority group e.g. to meet this priority patients must have comorbidities in addition to meeting the age and vaccination status criteria. Coloured boxes without additional criteria within them indicate that age and vaccination status or age and immunosuppression are the primary factors determining priority.

Remdesivir (VekluryTM) may be reserved as an option for outpatients who are in the highest priority group(s) e.g. priority 1-2 and for inpatients of all priority groups.

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