

Factsheet for clinicians: Treatment options

COVID-19 Treatment

- Early treatments for COVID-19 can help individuals who are at increased risk of severe illness. There are a range of treatments available.
- Patients who may be eligible for one or more treatment options include the following:
 - COVID-19 positive on rapid antigen or PCR test; AND
 - Symptoms less than 5 days; AND
 - 50 years and older with two additional risk factors for developing severe disease*;
 - 30 years and older AND identifying as Aboriginal or Torres Strait Islander;
 - 18 years and older with moderate to severe immunocompromised
 - 70 years and older and symptoms less than 5 days, or asymptomatic and treatment is initiated as soon as possible after diagnosis is confirmed.
- For all treatments, it is important to consider contraindications to use, drug interactions and hypersensitivity.
- Table 1 below provides more information on available treatments for COVID-19.
- Figure 1 below provides a guide on selecting the right treatment for the right patient.
- Read the Victorian Department of Health advice on Medications for patients with COVID-19 at: <https://www.health.vic.gov.au/covid-19/vaccines-and-medications-in-patients-with-covid-19>.
- Read the PBS eligibility criteria for [nirmatrelvir/ritonavir \(Paxlovid®\)](#) and [molnupiravir \(Lagevrio®\)](#)
- The Victorian COVID-19 therapies PBS Prescriber Helpline is available on **03 8290 3810** from 8 am – 5pm seven days a week.

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Influenza

- After two years of closed international borders and prolonged lockdowns, 2022 is expected to be a bad influenza season as Victorians return to normal living
- There have been over 10,500 cases of laboratory confirmed influenza in Australia so far this year, including at least 152 hospital admissions (1)
- Treatment with oseltamivir can reduce the duration and severity of illness for people with influenza. The same drug can also be used as prophylaxis during outbreaks in high-risk settings such as aged care facilities
- It is particularly recommended for individuals with confirmed or suspected influenza who are at risk of developing complications.
 - Pregnant women
 - Adults aged over 65 years
 - Children aged under 5 years
 - Immunocompromised people
 - Individuals with additional risk factors for developing severe disease*
- Table 1 provides information about the various treatments available for influenza

**Risk factors for developing severe disease may include: chronic lung condition, chronic heart condition, chronic neuromuscular condition, chronic liver condition, chronic kidney disease, complex haematological condition, obesity BMI >30, asthma requiring hospitalisation or corticosteroids within the past 12 months, diabetes mellitus on medication, intellectual disability of any kind, complex paediatric chronic conditions.*

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Table 1: Prophylaxis and treatment options for COVID-19 and influenza

Name	Indication	Effectiveness	Route / Dose	Key Considerations*	Availability†
Tixagevimab and Cilgavimab (Evusheld(r))	Pre-exposure prophylaxis of COVID-19	The PROVENT clinical trial found that in high-risk individuals, Evusheld showed an 83% reduction of symptomatic COVID-19 in the six months after administration	Two separate, sequential intramuscular injections	Pre-exposure prophylaxis for the following groups: <ul style="list-style-type: none"> • Aged 12 and over and >40kg AND <ul style="list-style-type: none"> • Heart/Lung transplant recipients, <i>OR</i> • STEM Cell transplant or CAR T-cell therapy recipients within 12 months <i>OR</i> STEM Cell recipients with GVHD <i>OR</i> still requiring significant ongoing immunosuppression for other reasons, <i>OR</i> • Kidney (+/- pancreas) or liver transplant recipients within 12 months <i>OR</i> requiring 	There is a limited supply available which can be accessed through health service COVID-19 treatment pathways.

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				<p>therapy for acute rejection OR still requiring significant ongoing suppression for other reasons, <i>OR</i></p> <ul style="list-style-type: none"> • Haematological malignancy on active therapy, <i>OR</i> • Individuals unable to be immunised with COVID-19 vaccines due to genuine, severe allergy if ≥ 65 years old (≥ 50 years old if Aboriginal) and not recently infected with COVID-19 within 3 months, <i>OR</i> • Individuals living with HIV who have a CD4 cell count < 50 cells/mm³ 	
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Nirmatrelvir and ritonavir (Paxlovid)	Treatment of COVID-19	Treatment of symptomatic COVID-19 with nirmatrelvir plus ritonavir resulted in a risk of progression to severe disease that was 89% lower than the risk with placebo (2)	Oral as 300 mg nirmatrelvir with 100 mg ritonavir. The tablets should be taken together twice a day for 5 days	Needs to be taken within 5 days of symptom onset. Significant drug interactions and contra-indications to use	Available through PBS It can also be accessed through state health departments via the National Medical Stockpile.
Remdesivir (Veklury)	Treatment of COVID-19	Among non-hospitalized patients who were at high risk for COVID-19 progression, a 3-day course of remdesivir resulted in an 87% lower risk of hospitalization or death than placebo (3)	IV for 3 days (200 mg dose on day one, then 100 mg daily on days two and three)	Needs to be taken within seven days of symptom onset Need to consider logistics of patients accessing health care setting for 3 consecutive days	Through health service COVID-19 treatment pathways.
Molnupiravir (Lagevrio)	Treatment of COVID-19	The rate of hospitalization or death through day 29 was approximately 31%	Oral as 800 mg (four 200mg capsules), taken	Needs to be taken within 5 days of symptom onset	Available through PBS.

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		lower with molnupiravir compared to placebo (4)	twice daily for 5 days	It should not be used in pregnant women and breastfeeding women.	Stocks available in aged care facilities for dispensing with prescription.
Sotrovimab (Xeveudy)	Treatment of COVID-19	Treatment with sotrovimab resulted in an 85% reduction in the need for hospitalisation over 24 hours or death due to any cause compared with placebo (5)	IV as 500mg single dose	Needs to be taken within 5 days of symptom onset New evidence suggests sotrovimab has decreased efficacy against Omicron variants. Use is not currently recommended unless other options are unsuitable	Through health service COVID-19 treatment pathways. Administered at numerous hospitals including Sunshine Hospital, Northern Hospital, Werribee Mercy, St Vincent's
Oseltamivir (Tamiflu)	Treatment of influenza	Among adults, oseltamivir reduced the time to first alleviation of symptoms by 16.8 hour (7)	Oral Capsule taken for 5 days	Treatment should commence as soon as possible within 48 hours of symptom onset Risk of adverse events such as vomiting, nausea	Not on PBS. Stocks available in aged care facilities for dispensing with prescription.

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Zanamivir (Relenza)	Treatment of influenza	Zanamivir reduced the time to first alleviation of symptoms in adults by 0.60 days (7)	Inhaled using a disk inhaler device	Treatment should commence as soon as possible within 48 hours of symptom onset This medication should be used in adults and children 7 years or older	Not on PBS.
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*Practitioners should refer to product information for full prescribing details

*Contact details for Health Service COVID-19 treatment pathways are available here: <https://www.health.vic.gov.au/covid-19-early-therapies-factsheet-for-clinicians>

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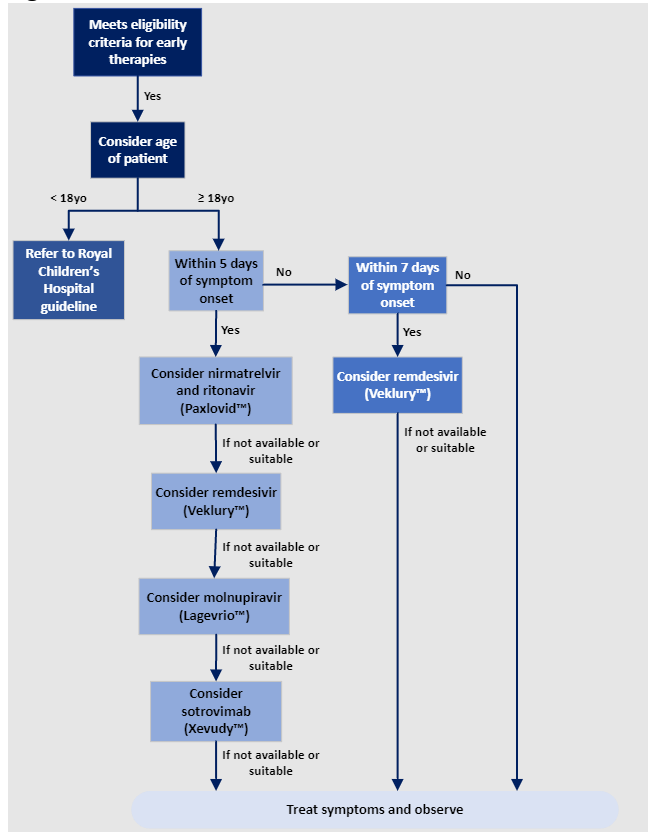
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Figure 1. Overview of medication selection for adults with COVID-19 who do not require oxygen. From DH Guidelines COVID-19 medication in adults- Clinical decision making



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