

# Prioritisation of COVID-19 Medications

Prepared by Department of Health, Western Australia.

**Version 4.0**  
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# 1. Introduction

There are a range of Therapeutic Goods Administration (TGA) provisionally approved COVID-19 medications in limited availability in Western Australia that are supplied by the Commonwealth Department of Health as part of 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 to moderate disease at publication of this document are:

- Nirmatrelvir plus Ritonavir (Paxlovid<sup>®</sup>)<sup>1</sup> - PBS listing May 2022 – updated July 2022
- Molnupiravir (Lagevrio<sup>®</sup>)<sup>2</sup> – PBS listing February 2022 - updated July 2022
- Remdesivir (Veklury<sup>®</sup>)<sup>3</sup>
- Note: Casirivimab plus Imdevimab (Ronapreve<sup>®</sup>)<sup>4</sup> is **currently not recommended** for use in Western Australia due to concerns regarding its decreased effectiveness against the Omicron variant based on invitro data. Sotrovimab<sup>5</sup> is available but should not be considered unless other treatments are unsuitable or unavailable.

Remdesivir (Veklury<sup>®</sup>)<sup>3</sup> is currently available from the COVID-19 NMS with provisional TGA listing for:

- adults and paediatric patients (at least 4 weeks of age and weighing at least 3 kg) who have pneumonia due to SARS-CoV-2, who require supplemental oxygen [moderate to severe disease duration of treatment is 5 days but can be extended to a total of 10 days with infectious disease physician review if patient doesn't demonstrate clinical improvement], and
- adults and paediatric patients (12 years and over and weighing at least 40 kg) who do not require supplemental oxygen and who are at high risk of progressing to severe COVID-19.

It is to be used for the treatment of mild to moderate disease (within 7 days of symptom onset) in patients at significant risk of disease progression, where logistically feasible and where oral antiviral therapies are contraindicated (for example, in pregnant or breastfeeding women), or in children and adolescents aged 12 years and over and weighing at least 40 kg. <sup>6</sup> Mild to moderate disease duration of treatment is 3 days.

There are currently concerns regarding the potential decreased effectiveness of Casirivimab plus Imdevimab (Ronapreve<sup>®</sup>) against the Omicron variant based on invitro data (as per [National](#)

[COVID-19 Clinical Evidence Taskforce](#) advice) and is **currently not recommended** for use in Western Australia.

While the clinical evidence supports use of Sotrovimab (Xevudy®) to treat mild COVID-19, there is no clinical evidence to evaluate its effectiveness against the Omicron variant or BA.1 or BA.2 sub-variants. The Taskforce is aware of in vitro data that suggest potentially reduced efficacy against these variants and while the clinical implications of this are not certain, given the availability of other treatments, where infection with Omicron BA.2, BA.4 and BA.5 is confirmed or considered likely, use of Sotrovimab should not be considered unless other treatments are unsuitable or unavailable.

[Tixagevimab plus Cilgavimab \(Evusheld®\)](#) is currently only to be used for pre-exposure prophylaxis (PrEP) for a limited number of medical conditions due to significant stock restrictions. Please refer to WA Health Guidelines for the Use of Tixagevimab plus Cilgavimab (Evusheld®) for COVID-19 pre-exposure prophylaxis for further information.

There have been no direct comparisons of the effectiveness of the NMS treatments, however the [National COVID-19 Clinical Evidence Taskforce](#) recommends Molnupiravir (Lagevrio®) is only considered for use when Nirmatrelvir plus ritonavir (Paxlovid®) is not suitable or available. There is currently no evidence available on the effectiveness of concurrent use of monoclonal antibodies or antivirals for COVID-19, except where co-formulated.<sup>6</sup> Combination therapy of COVID-19 treatments is not supported by WA Health.

The purpose of this document is to provide consistency for clinical decision making across the state for the usage of these medications. It is intended as a supporting document rather than a clinical directive.

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

- new evidence and efficacy of medications
- access and availability of these and other medications
- COVID-19 case numbers in Western Australia

This document has been developed by the WA COVID-19 Treatment Expert Advisory Group and is based on recommendations from the [National COVID-19 Clinical Evidence Taskforce](#).

## 2. Conditional Recommendations

The [National COVID-19 Clinical Evidence Taskforce](#) guidelines outline the clinical criteria for the use of Nirmatrelvir plus Ritonavir (Paxlovid<sup>®</sup>), Molnupiravir (Lagevrio<sup>®</sup>) and Remdesivir (Veklury<sup>®</sup>) with the aim of reducing disease severity in early stages of COVID-19.

These medications have been reported to decrease the risk of disease progression and possibly hospitalisation **if taken within 5 days of onset of symptoms (7-days for Remdesivir [Veklury<sup>®</sup>])** in unvaccinated patients with confirmed COVID-19 who do not require oxygen and who have one or more risk factors for disease progression.

## 3. Prioritisation of COVID-19 Medications

The WA Health tiered '[Access Criteria for Medicines to treat COVID-19 that are part of the National Medical Stockpile](#)' has been established to ensure state-wide consistency of use and to ensure high risk population cohorts are treated in the context of limited supply. This tiered access criteria supports local clinical decision making and facilitates consistency of use and equity of access but is not a clinical practice guideline. This tiered access will be updated as additional data becomes available on use, supply, and efficacy.

The oral antivirals should be prioritised where possible for the following cohorts:

- Patients who have acquired COVID-19 infection in high-risk settings, such as disability group homes and residential aged care facilities (RACF).
- Aboriginal and/or Torres Strait Islander (ATSI) communities.
- Rural, regional, and remote communities.
- Patients in areas with large outbreaks.

Note: Although indications for these medications are similar, individual risk factors and drug guidance should be reviewed for each case prior to treatment.

In all trials, only unvaccinated patients were eligible for treatment. However, the [National COVID-19 Clinical Evidence Taskforce](#) has a consensus recommendation for the use of Nirmatrelvir plus Ritonavir (Paxlovid<sup>®</sup>), Molnupiravir (Lagevrio<sup>®</sup>) and Remdesivir (Veklury<sup>®</sup>) in people who have COVID-19 and;

Are immunosuppressed or not immunocompetent regardless of vaccination status; or have received one or two doses of vaccine and who are at high risk of severe disease based on age and multiple risk factors including:<sup>3</sup>

- People 65 years or older with two additional high-risk factors for developing severe disease,
- People 75 years or older with one additional high-risk factor for developing severe disease,

Are moderately to severely immunocompromised people irrespective of vaccination status, and Aboriginal and Torres Strait Islander people aged 50 years or older with two additional high-risk factors for developing severe disease.

NOTE: Refer to page 7 for specific PBS eligibility criteria for oral antivirals from 11 July 2022.

Please note: The approval process does not apply to Residential Aged Care Facilities (RACF) and Aboriginal Community Controlled Health Organisations (ACCHOs) that have received stock directly from the Commonwealth. It is expected that stock management under these circumstances will be managed as per the Authorisation to supply or administer a poison COVID-19 Treatment – National Medical Stockpile

### 3.1 Principles of COVID-19 Medication Access

- Patient must meet all the criteria in “Step 1 Initial Eligibility Criteria” AND all criteria for the individual drug criteria in Step 2.
- These treatments always require a medication chart order/prescription from a Medical Officer prior to administration to the patient. These medications cannot be initiated by Nurse, Midwife or ATSI Health Practitioner.
- Eligible patient to receive single agent only. Combination treatment is not supported by WA Health.
- Suitability will be confirmed through an Infectious Disease Physician consultation for Remdesivir (Veklury®).
- Treatment requiring parenteral administration can be planned to occur during day business hours of service.
- Nirmatrelvir plus Ritonavir (Paxlovid®) is prioritised for patients where receipt of oral agents is more pragmatic than intravenous therapy.
- Molnupiravir (Lagevrio®) is used where Nirmatrelvir plus Ritonavir (Paxlovid®) is not suitable (due to drug interaction, renal function etc [refer to product information]) or not available.
- The first dose of Remdesivir (Veklury®), should be administered intravenously in healthcare facilities where patients can be monitored closely. Subsequent doses can be administered through ambulatory care infusion services where logistically feasible. It is to be used when oral antiviral treatments are deemed contraindicated or not suitable (e.g. patients who are pregnant,

breastfeeding, between 4 weeks and 18 years of age, severe renal or hepatic impairment) AND patients are at significant risk of disease progression.

- Access should be considered in the context of local case numbers.
- Use of Sotrovimab (Xevudy®) should only be considered where other treatments are not suitable or available.
- For up to date advice on the management of children over the age of 12 with symptomatic COVID-19 refer to: [Child and Adolescent Health Service Clinical Care of Paediatric Patients Guideline](#) (WA Health intranet access only)
- Clinical assessment of need and risk of disease progression and suitability of individual patients for each medication supported by Pharmaceutical Benefit Scheme (PBS) listing where applicable or '[Access Criteria for Medicines to treat COVID-19 that are part of the National Medical Stockpile](#)'.

## Step 1: Initial Eligibility Criteria

To initiate any of the treatments in this guideline: Nirmatrelvir plus Ritonavir (Paxlovid®), Molnupiravir (Lagevrio®), or Remdesivir (Veklury®) a patient must meet ALL of the following criteria to be considered eligible for a treatment option. Patient is COVID-19 positive.

- AND is symptomatic:
  - must be within 5 days of symptom onset and not requiring initiation of supplemental oxygen due to COVID-19 for Nirmatrelvir plus Ritonavir (Paxlovid®) and Molnupiravir (Lagevrio®) or;
  - 7 days of symptom onset for Remdesivir (Veklury®) if hospitalised and dependant on weight and oxygen requirements. AND patient age is 18 years and older OR patient age is 12 to 18 years AND weight is 40 kg or greater for Nirmatrelvir plus Ritonavir (Paxlovid®)
  - OR at least 4 weeks of age and weighing at least 3 kg for Remdesivir (Veklury®).
- AND for Nirmatrelvir plus Ritonavir (Paxlovid®) or Molnupiravir (Lagevrio®) meets the criteria outlined in the Pharmaceutical Benefit Scheme (PBS) listing (refer to page 7 for details).
- OR National Medical Stockpile access to Remdesivir (Veklury®) [or non-PBS eligible for Nirmatrelvir plus Ritonavir (Paxlovid®) or Molnupiravir Lagevrio®] the patient must meet eligibility requirements listed in the WA Health '[Access Criteria for Medicines to treat COVID-19 that are part of the National Medical Stockpile](#)'.

## **PBS Eligibility for Oral antivirals (Paxlovid® or molnupiravir) from 11 July 2022**

As per the PBS listing, adults (18 years and over) are eligible for treatment with Paxlovid® and Lagevrio® if the patient:

- Has received a positive PCR or RAT result (RAT must be verified by medical practitioner); AND
- Has at least one sign or symptom\* attributable to mild to moderate COVID-19 (i.e. do not require oxygen) and do not require hospitalisation at the time of prescribing; AND
- Is within five (5)\* days of symptom onset; AND
- Is aged 50 years or over (Aboriginal or Torres Strait Islander 30 years or over) and at high risk
- OR 'moderately or severely' immunocompromised.
- Is over 70 years of age\*

\*Can be started after a positive test in asymptomatic patients 70 years and over

### **High risk is defined as the presence of at least two of the following conditions:**

- 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/m<sup>2</sup>),
- 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.

### **'Moderately to severely immunocompromised' patients are those with:**

Any primary or acquired immunodeficiency including:

Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes, multiple myeloma and other plasma cell disorders,

Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months),

Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency OR

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

Chemotherapy or whole-body radiotherapy,

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,

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),

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) OR

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 OR

People with disability with multiple comorbidities and/or frailty



## Step 2: Specific Treatment Option Eligibility and Choice

### Option 1: Nirmatrelvir plus ritonavir (Paxlovid®)

**Patients must meet all the following criteria to be eligible for Nirmatrelvir plus Ritonavir (Paxlovid®).**

- Patient has met all criteria in 'Step 1: Initial Eligibility Criteria', and
- Patient is 18 years of age or older (or in exceptional circumstances approved by Paediatric Infectious Disease Physician, in children and adolescents aged 12 years to 18 years and weighing at least 40 kg); and
- Patient is NOT pregnant or breastfeeding (pregnancy test is required for women still menstruating and not on long-acting reversible contraception); and
  - and if patient is a woman of childbearing potential, they agree to use a reliable form of contraception (e.g. barrier method or depot medroxyprogesterone\*) to avoid becoming pregnant during treatment and for 7 days after stopping treatment; and
- No history of severe liver disease (Child Pugh Class C); and
- Low clinical likelihood of undiagnosed HIV/ hepatitis C virus infection; and
- No documented history of severe renal impairment (eGFR 30mL/min or less) or very unlikely; and
- Patient is willing and able to adhere to taking the full course of 5-day treatment; and
- There are no drug interactions for any medications currently being taken by patient (or drug interactions are managed with appropriate strategy):

NOTE: Nirmatrelvir plus Ritonavir (Paxlovid®) has multiple drug interactions which may be absolute contra-indications or require dose modification or temporary withheld.

All medications must be checked for potential interactions with Nirmatrelvir plus Ritonavir (Paxlovid®). Alternatively, the University of Liverpool has a free online tool designed to quickly assess drug-drug interactions with COVID-19 treatment medication. This can be found via the following link <https://www.covid19-druginteractions.org/checker>.

\* Ritonavir may reduce the efficacy of combined hormonal contraceptives. Patients using combined hormonal contraceptives should be advised to use a reliable form of contraception (e.g. barrier method) during treatment and for 7 days after the last dose.

Coadministration of Nirmatrelvir plus Ritonavir (Paxlovid®) with Medroxyprogesterone intramuscular or subcutaneous depot injections has not been studied but is predicted to increase Medroxyprogesterone exposure. However, no action is needed given the short duration of Nirmatrelvir plus Ritonavir (Paxlovid®) treatment<sup>7</sup>.

**If patient meets all the criteria:**

- Has completed the [Patient Consent Form](#) for treatment
- Provide patient with a [Patient Medication Information Leaflet](#) and counselling
- Medical Officer to prescribe recommended dose according to renal function:
  - eGFR greater than 60 mL/min: 300 mg Nirmatrelvir (two 150 mg tablets) with 100 mg Ritonavir (one 100 mg tablet) taken together orally every 12 hours for 5 days; OR
  - eGFR 30 to 60 mL/min: 150 mg Nirmatrelvir (one 150 mg tablet) with Ritonavir 100 mg (one 100mg tablet) every 12 hours for 5 days

Note: The daily blister packet contains two separated parts each containing two tablets of Nirmatrelvir and one tablet of Ritonavir corresponding to the daily administration at the standard dose. Therefore, patients with moderate renal impairment should be alerted that only **ONE** tablet of Nirmatrelvir with the **ONE** tablet of Ritonavir should be taken every 12 hours.

Un-used tablets should be safely discarded by returning to local pharmacy or health centre for disposal.

**If patient does not meet all the criteria, continue to Option 2: Molnupiravir**

**Option 2: Molnupiravir (Lagevrio®)**

**Patients must meet all the following criteria to be eligible for Molnupiravir (Lagevrio®):**

- Patient has met ALL criteria in “Step 1: Initial Eligibility Criteria”, and
- Patient is 18 years of age or older; and
- Patient is NOT pregnant or breastfeeding (pregnancy test is required for women still menstruating and not on long-acting reversible contraception); and
  - if patient is a woman of childbearing potential, they agree to use adequate contraception (e.g. barrier method or depot medroxyprogesterone) to avoid becoming pregnant during treatment and for 4 days after stopping treatment; OR
  - if patient is a sexually active male, they agree to use a reliable form of contraception (e.g. barrier method) during and for 3 months after stopping treatment; and
- Patient is willing and able to adhere to taking the full course of 5-day treatment;

**If patient meets all the criteria:**

- Has completed the [Patient Consent Form](#) for treatment
- Provide patient with [patient medication information leaflet](#) and counselling
- Medical officer to prescribe the recommended dose of 800 mg (four 200 mg capsules) orally every 12 hours for 5 days, with or without food.

If patient is pregnant, breastfeeding, under 18 years of age, severely immunocompromised or has another absolute or relative contraindication to Option 1 or 2:

### Option 3: Consult with ID physician for suitability for Remdesivir (Velkury®) or Sotrovimab (Xevudy®)

For primary care patients please refer to [WA process for GPs accessing COVID-19 disease-modifying treatments](#)

#### Remdesivir (Velkury®)

**Patients must meet all the following criteria to be eligible for Remdesivir (Velkury®):**

Patient has met ALL criteria in “Step 1: Initial Eligibility Criteria”, and  
Is an adult or paediatric patient (at least 4 weeks of age and weighing at least 3 kg) who has pneumonia due to SARS-CoV-2 and that requires supplemental oxygen; or  
Is an adult or paediatric patient (12 years and over and weighing at least 40 kg) that does not require supplemental oxygen and they are at high risk of progressing to severe COVID-19;  
AND  
It is to be used within 7 days of symptom onset; AND  
Where it is logistically feasible; AND  
Where oral antiviral therapies are contraindicated; AND  
Patient does not have any contraindications as per the treatment guidelines (link to drug guideline Remdesivir)

#### Sotrovimab (Xevudy®)

**Current resistant patterns to the Omicron variant do not support use of Sotrovimab (Xevudy®). Seek specialist advice as may be an option in severe renal failure when all other options are exhausted or contraindicated.**

If Remdesivir (Veklury®) or Sotrovimab (Xevudy®) is deemed the most suitable option and patient meets eligibility criteria:

- Medical officer to discuss consent to treat with patient and complete the [Patient Consent Form](#) .
- Provide patient with [Patient Medication Information Leaflet](#) and counselling.
- Medical Officer to prescribe infusion
- Medical Officer to co-ordinate infusion time and location

## 4. Prescription, Governance, and Settings for Administration

Operationalisation of models of care for use of medications for treatment of COVID-19 should be determined in consultation with the WA Department of Health.

### 4.1 Intravenous treatments

#### (Administration to be organised through hospital services)

Administration of Remdesivir (Veklury®) for COVID-19 positive patients is by intravenous infusion (IV) which can vary between 30 minutes and 120 minutes. Three doses are required over 3 consecutive days – please refer to local protocols for preparation and administration for adult and paediatric dosing requirements.

Administration of Sotrovimab (Xevudy®) for COVID-19 positive patients is intravenous (IV) over 30 minutes (30 minutes is the infusion duration approved by TGA, noting this varies from clinical trial time of 60 minutes) and post administration observation for 60 minutes is required due to risk of reactions within the first hour post administration. For inpatients and outpatients, administration will occur in line with best practice and usual clinical processes.

Patients must formally consent to treatment prior to administration for both inpatient and outpatient models.

Normal protocols for delivery, observation including post infusion reactions should be monitored via usual inpatient and outpatient processes.

Reporting of adverse events must be undertaken by the treating clinician to the TGA.

Clinical incidents involved in prescribing, supply, dispensing or administration of Remdesivir (Veklury®) or Sotrovimab (Xevudy®) must be reported via the Datix CIMS if provided within a Health Service Provider.

### 4.2 Oral medications

Patients must formally consent to treatment prior to initiation of treatment with antiviral agents.

Prescribed following clinical assessment and weighing up of risks and benefits of IV vs oral medications.

Monitor patients on a course of medication for side effects and drug interactions.

Reporting of adverse events must be undertaken by the treating clinician to the TGA.

Clinical incidents involved in prescribing, supply, dispensing or administration of COVID-19 NMS medications must be reported via the Datix CIMS if provided within a Health Service Provider.

## Access to Parenteral Treatments

**4.3.1 Patients already admitted to hospital** the Health Service Providers should establish local processes to:

Proactively identify eligible patients based on the clinical criteria and priority populations outlined in the model of care.

Define governance arrangements for authorised prescribers to review patient and submit the relevant **WA Emergency COVID-19 Treatment Approval Form**.

Request for Approval forms for each NMS medication must be completed by a medical practitioner and can be found on [Formulary One](#) or through WA Primary Health Alliance [HealthPathways](#).

In addition to Infectious Disease physicians, these arrangements should outline any oversight, approval and stewardship requirements for other medical staff caring for COVID-19 positive patients who are seeking to prescribe this treatment. This should also include informing the Pharmacy Department of supply requirements.

Coordinate the service model including the location, staffing and infection control procedures.

Provide printed [Patient Information](#) on the treatment to the patient and obtain consent from the patient or carer (written or verbal) which must be filed or documented in the patient's medical record.

**Patients in the community** who fall under a Health Service Provider catchment (for most this will be your local public hospital), the Health Service Provider should establish a booking process for patients requiring parenteral treatment including:

**Provide information on the treatment** via phone and email to the patient or carer and then obtain consent via phone prior to attendance at the facility for infusion. Depending on the local staffing and coordination model, booking and consent may be undertaken via a multi-step process and involve multiple communications with the patient or carer. (Refer to WA Health [patient information leaflet](#) and [verbal and written consent forms](#) for each COVID-19 NMS medication).

Whether informed consent is verbally obtained by the prescriber or is provided using written consent form, it should be documented in the medical record prior to administration.

Ensure patients are provided with information on:

PPE requirements for attending their infusion

how to find the infusion area to expedite access and minimise access to other parts of the facility and exposure to other patients and staff

confirmation of the appointment to support patients leaving isolation to attend the health care facility  
transport arrangements (where required).

**Confirm patient is able to facilitate their own transport** to the site for administration or organise transportation on behalf of the patient.

**Confirm follow up arrangements post treatment**, including who to contact for more information and advice around timelines for vaccination. See information on the WA HEALTH website.

**Provision of printed information** should be available for patients including information about the treatment and post treatment care. See WA Health patient information leaflet. It is preferable to provide this information at the time of booking at the infusion clinic. Interpreter services should be used as required.

Ensure staff, such as emergency department, site managers, screening station and security staff, are **aware of the location and arrangements** for the infusion treatment to assist patients to find their way. Where practical, temporary signage should be posted to assist patients and staff.

Ensure **reporting requirements are communicated, documented and submitted, including adverse events**.

Side effects to COVID-19 treatments should be reported to the Therapeutics Goods Administration  
Clinical incidents involved in prescribing, supply, dispensing or administration of COVID-19 NMS medications must be reported via the Datix CIMS if provided within a Health Service Provider.

Ensure **appropriate equipment and medicines to deal with an adverse event** including anaphylaxis are readily available where appropriate.

**Arrangements for patient follow up** must include a summary of care provided to the community monitoring service and the patient's General Practitioner (GP) at the time of discharge.

Patients who fulfil the priority eligibility criteria who are already admitted to a healthcare facility may be given the treatment in a ward setting provided the monitoring requirements can be met. This may be appropriate for patients already admitted to a COVID-19 ward, or who have nosocomial infection. This will prevent patient transfer to the nominated outpatient area, minimising movement for the patient and potential exposure to other areas of the hospital.

## Administration in the Outreach Setting

When oral antiviral medications are contraindicated or inaccessible, access to Remdesivir via an outreach service should be established by WA Health based on a local assessment of need. Identification of eligible patients should occur as early as possible to enable planning for the outreach service including travel requirements and time.

An outreach service must be provided in an appropriate health care setting which meets patient flow, infection prevention and control and resuscitation equipment requirements.

There needs to be a dedicated and physically appropriate location for the infusion that:

- offers pathways to access this location as patients must not pass through other patient areas
- ensures infection prevention and control requirements for administration, ventilation and cleaning.
- enables line of sight to support clinicians monitoring patients during the observation period.

Depending on local resources and requirements it may be appropriate to provide access outside of health care facility utilising specialist medical and nursing workforce. For example, these could be the Royal Flying Doctor Service and correctional services. This should be locally determined based on patient needs and resources and must comply with usual National Medical Stockpile access requirements.

Medical and nursing workforce with the appropriate skills and competency will need to be mobilised, including staff with skills such as these:

- infusion preparation cannulation and administration of intravenous medication
- monitoring for adverse events including management of anaphylaxis.

Workforce planning should also consider appropriate rostering to support travel requirements over long distances.

Establish equipment and medication requirements for the outreach team, including arrangements for access and re-supply of the medication and resuscitation equipment.

Consider escalation processes for ambulance and retrieval services in the event of adverse events requiring ongoing management or admission to hospital.



## References

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# Version Control

Version	Date	Comments
1.0	3/03/2022	COVID-19 EAG REVIEW AND APPROVAL
2.0	11/3/2022	Updated Access Criteria to include Molnupiravir PBS listing
2.1	17/03/2022	EAG APPROVED removing molnupiravir from Tier 3 and creating a note at end of table.
3.0	22/06/2022	Updates including Remdesivir for mild to moderate disease, Paxlovid® for 4 weeks to 18 years, Evusheld® for PrEP PBS listing of molnupiravir and Paxlovid®
3.1	24/06/2022	EAG APPROVED
4.0	9/08/2022	Updated PBS listing information for molnupiravir and Paxlovid® and use of Sotrovimab

This guidance is correct at the time of publishing. However, as it is subject to updates, please use the hyperlinks to confirm the information is accurate.

WA guidance may be amended as additional Commonwealth guidance is finalised and/or further information becomes available.

The latest version of this guidance will be made available on the [COVID-19 information for health professionals](#) webpage.

**This document can be made available in alternative formats on request for a person with disability.**

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