COVID Early Treatment Clinic – Information for Doctors

Maroondah Hospital

Eastern Health COVID Early Treatment Clinic has the capacity to offer paxlovid and molnupiravir to eligible patients.

Who is eligible?

Paxlovid and molnupiravir are all new medication shown to reduce disease severity and hospitalisation rates when administered in the early stages of COVID-19. Please do not start patients on molnupiravir prior to referring to COVID Early Treatment clinic. The COVID early treatment doctor will assess patients and, in collaboration with pharmacy, will decide what the most appropriate treatment option is. Be aware that we will priortise treatment to patients as per the Victorian department of health prioritisation rubrics which is found [here](https://www.health.vic.gov.au/prioritisation-of-covid-19-medications-word).

**COVID Early treatment medication inclusion Criteria**

MUST meet ALL of the following criteria:

1. Confirmed SARS-CoV2 (RAT or PCR)
2. Day 0-5 from symptoms onset (if asymptomatic, day of test is day 0)
3. Not requiring supplemental oxygen

AND either one of:

4a. Immunosuppressed age ≥12 (irrespective of comorbidities)

OR

4b. One of the below:

1. Pregnant (2nd or 3rd trimester) AND unvaccinated/Partially vaccinated\*
2. ATSI AND age ≥50 AND unvaccinated/Partially vaccinated\*
3. Age ≥65 regardless of vaccination status or comorbidities
4. Age 12 - 64 AND unvaccinated/partially vaccinated\* AND high risk comorbidity from below
5. Age 12 - 64 AND up-to-date vaccination AND TWO high risk comorbidity from below

\*Partial vaccinated definition – single dose or two doses <14 days or >4 months ago

High Risk comorbidities

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| * Chronic lung condition (e.g. pulmonary fibrosis, cystic fibrosis) * Chronic heart condition (e.g. congenital heart disease, congestive cardiac failure [NYHA≥2]) * Chronic neuromuscular condition (e.g. cerebral palsy, motor neuron disease) | * Chronic liver condition (e.g. cirrhosis Childs Pugh C) * Chronic kidney disease (e.g. GFR<60ml/min) * Complex haematologic condition (e.g. Sickle cell disease, aplastic anaemia) * Obesity BMI>30 for adults (or >95th centile for paediatrics) | * Asthma requiring hospitalisation or oral corticosteroids in the last 12 months * Diabetes mellitus (on medication) * Intellectual disability of any kind Complex paediatric chronic conditions |

**How to refer?**

In order to offer these treatments in a timely manner, GPs can refer to the HITH COVID unit directly.

If you have a patient who may be eligible for early treatment and has tested positive for COVID-19, please email the HITH COVID Early Treatment Clinic referral form to [covidearlytreatmentclinic@easternhealth.org.au](mailto:covidearlytreatmentclinic@easternhealth.org.au). For urgent referrals please call the COVID early treatment clinic medical lead on 0402 262 640. We request that you do not ask patients to call the HITH COVID unit directly.

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|  | Remdesivir | Sotrovimab | Paxlovid (Nirmarelvir/Ritonavir) | molnupiravir |
| Mode of action | ribonucleotide analogue inhibitor of viral RNA polymerase. It binds to viral RNA-dependent RNA polymerase and inhibits viral replication by terminating RNA transcription prematurely. | Synthetic immunoglobulin that binds to the spike protein of the SARS-CoV-2 | * Nirmatrelvir is a peptidomimetic inhibitor of the SARS-CoV-2 main protease (Mpro). * Ritonavir inhibits the CYP3A-mediated metabolism of nirmatrelvir, thereby providing increased plasma concentrations of nirmatrelvir | prodrug that is metabolized to the ribonucleoside analogue. incorporation into viral RNA by the viral RNA polymerase, results in an accumulation of errors in the viral genome |
| Timing of treatment | Day 0-7 of symptoms | Day 0-5 of symptoms | Day 0-5 of symptoms | Day 0-5 of symptoms |
| Route of administration | Intravenous | Intravenous | Oral | Oral |
| Duration of treatment | 3 days | single administration | 5 days | 5 days |
| Contraindication | * Hypersensitivity to the active substance or ingredients. Severe renal impairment (eGFR<30). | * Hypersensitivity to the active substance or ingredients | * Hypersensitivity to the active substance or ingredients. * Pregnancy. * Severe renal impairment (eGFR<30). * Severe hepatic impairment (Child-Pugh Class C). * Co-administration with drugs that are highly dependent on CYP3A for clearance and for which elevated concentrations are associated with serious and/or life-threatening reactions. | * Hypersensitivity to the active substance or ingredients. * Pregnancy |
| Precautions/special consideration | * Can cause transient transaminase elevation. * Should only be used in patients with hepatic impairment if the potential benefit outweighs the potential risk. * Co-administration with chloroquine phosphate or hydroxychloroquine sulphate is not recommended. * No safety data on breastfeeding | * No safety data on breastfeeding | * Moderate renal impairment (eGFR 30-60) would need renal dose adjustments. * Co-administration with drugs which are dependent on CYP3A metabolism. * Breast-feeding should be discontinued during treatment and for 7 days after the last dose. | * It is recommended that men who are sexually active with a partner of childbearing potential use an adequate form of contraception during and 3 months after treatment with molnupiravir. * It is recommended that sexually active women of childbearing potential use contraception during and for 4 days after treatment with molnupiravir. |
| Initial reported Relative risk reduction of hospitalisation or death | 87% | 85% | 88% | 30% |
| Concerns about efficacy with variants | No current reported concerns | Concerns about reduced efficacy against the Omicron BA.2 | No current reported concerns | No current reported concerns |