

Antiviral Pre-assessment in Aged Care Facility Residents



This antiviral pre-assessment is to support timely access and safe administration of antiviral medication.

The form should be completed by a doctor (preferably the resident's regular GP), based on a discussion with the resident and/or the resident's representative, **before** the resident tests positive for influenza or COVID-19.

The pre-assessment form does not replace the requirement for a doctor to assess the person and prescribe the medication prior to administration.

Nirmatrelvir/ritonavir (Paxlovid™) and **Molnupiravir** (Lagevrio®) can be used in people with confirmed COVID-19 in the community who are at risk of severe disease.

Oseltamivir (Tamiflu®) can be used for treatment of residents with confirmed influenza, or for prophylactic use in exposed residents during influenza outbreaks in residential aged care facilities (RACFs).

Resident details

Facility: _____

Resident's name: _____

DOB: / / (dd/mm/yyyy) Gender: Male Female Prefer not to say

Medicare No: _____

Preference statement for antiviral medication (To be completed by the resident and/or resident representative)

I have received information regarding the medications available

Flu and COVID-19 antiviral treatment

COVID-19

I would like to receive oral treatment for COVID-19 as prescribed by a doctor or nurse practitioner if I develop COVID-19 with

Only molnupiravir (Lagevrio®) OR Only nirmatrelvir/ritonavir (Paxlovid™) OR
 Either molnupiravir (Lagevrio®) or nirmatrelvir/ritonavir (Paxlovid™)

Influenza

I would like to receive oseltamivir (Tamiflu®) as prescribed by a doctor or nurse practitioner

if I am diagnosed with influenza if I am exposed to influenza

Vaccination

I would like to receive the current influenza vaccine

I would like to receive COVID-19 booster doses that I am eligible for as per [ATAGI](#) advice.

Date Form Completed: / / (dd/mm/yyyy)

(This form should be reviewed every 6 months.)

Persons involved in decision-making in relation to the antiviral pre-assessment

Resident Enduring Guardian Other: _____

Name: _____ Signature: _____

Print and Sign

Name: _____ Signature: _____

Print and Sign

Antiviral Pre-assessment in Aged Care Facility Residents

Pre-assessment for eligibility for antiviral medication (To be completed by a doctor)

Date Form Completed: / / (dd/mm/yyyy)

COVID-19

COVID-19 vaccine: last dose received:

 / / (dd/mm/yyyy)

COVID-19 vaccination declined

DOSE NUMBER:

Primary course:

dose 1/ dose 2/ dose 3 (if required)

Booster:

dose 1/ dose 2

Nirmatrelvir/ritonavir (Paxlovid™):

Eligibility

Yes Please refer to the [PBS Criteria](#) and [National COVID-19 Clinical Evidence Taskforce](#) for eligibility criteria

No

CONTRAINDICATION – known allergy to nirmatrelvir/ritonavir (Paxlovid™), severe renal impairment (eGFR < 30mL/min), severe hepatic impairment (Child-Pugh Class C), risk of concomitant drug interaction (Please check the patient's medication history using the COVID-19 Drug Interactions Checker <https://www.covid19-druginteractions.org/checker>), unable to swallow medicine whole (tablet cannot be chewed, broken or crushed). Not recommended in pregnancy or breastfeeding (Category B3).

See Product Information for further information and precautions:

<https://www.tga.gov.au/sites/default/files/paxlovid-pi.pdf>

Note if there is a concern about impaired renal function then creatinine and eGFR should be checked and appropriate dose adjustment may be required. If there is a change in patient's condition creatinine/eGFR should be re-checked prior to prescribing.

Molnupiravir (Lagevrio®):

Eligibility

Yes Please refer to the [PBS Criteria](#) and [National COVID-19 Clinical Evidence Taskforce](#) for eligibility criteria

No

CONTRAINDICATION - Known allergy to Molnupiravir (Lagevrio). Not recommended in pregnancy or breastfeeding (Category D)

See Product Information for further information and precautions:

<https://www.tga.gov.au/sites/default/files/lagevrio-pi.pdf>

Pre-assessment for eligibility for antiviral medication (To be completed by a doctor) (cont.)

INFLUENZA

Influenza vaccine: date administered

/ / (dd/mm/yyyy)

Influenza vaccination declined

Oseltamivir (Tamiflu®):

Recommended for treatment and or prophylaxis

Yes

No

CONTRAINDICATION – Known allergy to Oseltamivir.

Note if there is a concern about impaired renal function then creatinine and eGFR should be checked and appropriate dose adjustment may be required. If there is a change in patient's condition, creatinine/eGFR should be re-checked prior to prescribing.

See Product Information: <https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2012-PI-02051-3&d=20220822172310101>

Advice for Antiviral treatment

COVID-19 treatment for confirmed COVID-19

Nirmatrelvir + Ritonavir (Paxlovid™)	<p>Adequate renal function (eGFR > 60mL/min) Nirmatrelvir 300 mg + Ritonavir 100 mg every 12 hours for 5 days (10 doses total)</p> <p>Moderate renal impairment (eGFR 30-60 mL/min) Nirmatrelvir 150 mg + Ritonavir 100 mg every 12 hours for 5 days (10 doses total)</p>
Molnupiravir (Lagevrio)	Molnupiravir 800 mg (4 x 200 mg capsules) taken orally every 12 hours for five days (10 doses total)

Oseltamivir for influenza treatment/prophylaxis

Treatment of influenza	<p>Adequate renal function (CrCl > 60mL/min) – Oseltamivir 75mg twice daily for 5 days</p> <p>CrCl ≤ 60mL/min - dose adjustment is required. Please refer to the TGA Product Information</p>
Prevention (prophylaxis) for residents exposed to influenza	<p>Adequate renal function (CrCl > 60mL/min) – Oseltamivir 75mg once daily for 10 days</p> <p>CrCl ≤ 60mL/min - dose adjustment is required. Please refer to the TGA Product Information</p>

Advice for Antiviral treatment (cont.)

Medical Officer's Signature

Doctor's Name (print): _____

Signature: _____ **Print and Sign** Date: / / (dd/mm/yyyy)

Contact Number: _____