Antiviral Pre-Assessment form

This antiviral pre-assessment form is to support timely and safe access to antiviral medicines for adults **who are at higher risk of severe disease**. The form should be **completed by a doctor** (preferably the person's regular GP) in consultation with the person or the person's guardian, ***before*** the person tests positive for influenza or COVID-19. People at higher risk of severe disease should discuss with their GP what test should be done if they get sick (this might include having a prepared pathology form). The pre-assessment form does not replace the requirement for a doctor to assess the person and prescribe the medication prior to administration.

This pre-assessment form may also be used for people at baseline or higher risk of severe disease who are **travelling interstate, internationally or on cruise vessels** to document recommended use (or non-use) of antiviral medicines for COVID-19 and/or influenza.

Nirmatrelvir plus ritonavir (Paxlovid™) and **molnupiravir** (Lagevrio®) can be used for treatment in people with confirmed COVID-19 with mild to moderate symptoms who are at risk of severe disease. Refer to the National Clinical Evidence Taskforce COVID-19 living guidelines for the latest treatment recommendations.

Oseltamivir (Tamiflu®) can be used for treatment and prophylaxis in people with confirmed influenza.

Patient details

Patients full name: _____

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

Medicare No: _____ Ref No: _____ Expiry: _____

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

COVID-19

COVID-19 vaccine: ☐ COVID-19 vaccination declined

Last dose received:
☐☐ / ☐☐ / ☐☐☐☐

DOSE NUMBER:

Primary course:
☐ dose 1/ ☐ dose 2/ ☐ dose 3 (if required)

Booster:
☐ dose 1/ ☐ dose 2

Suitability for oral treatments:

Would the patient meet PBS population criteria for antiviral medicines if they became COVID-19 positive?

☐ **Yes**. Patient meets current PBS criteria (refer to PBS website https://www.pbs.gov.au/ for eligibility)

☐ **No**. Patient does not meet current PBS criteria

Specify PBS population criteria and risk factors for severe disease (if applicable):

_____

_____

Note: Patients who do not meet PBS criteria but meet the National COVID-19 Clinical Evidence Taskforce Criteria (https://clinicalevidence.net.au/covid-19/) for oral treatment may be able to access antivirals through NSW Health Pharmacy Departments with a Prescription and Declaration form – oral antiviral medicines for COVID-19. People travelling interstate, internationally or on cruise vessels may be able to access COVID-19 antiviral medications through other mechanisms.

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

Nirmatrelvir/ritonavir (Paxlovid™):

Eligibility (after reviewing Drug Interaction Checker - https://www.covid19-druginteractions.org/checker - and noting contraindications and precautions below)

☐ **Yes.** eGFR: _____ Date: ☐☐ / ☐☐ / ☐☐☐☐ (*dd/mm/yyyy*)

Recommended dosing based on eGFR

Adequate renal function (eGFR > 60mL/min)	☐ Nirmatrelvir 300 mg + ritonavir 100 mg every 12 hours for 5 days
Moderate renal impairment (eGFR 30-60 mL/min)	☐ Nirmatrelvir 150 mg + ritonavir 100 mg every 12 hours for 5 days
Severe renal impairment (eGFR < 30 mL/min)	**USE IS CONTRAINDICATED**

☐ **No.**

CONTRAINDICATIONS: Known allergy to nirmatrelvir/ritonavir (Paxlovid™), severe renal impairment (eGFR < 30mL/min/1.73m2), severe hepatic impairment (Child-Pugh Class C), or those **at risk of drug interaction**. Co-administration with medications that are highly dependent on CYP3A for clearance and medications that are potent CYP3A inducers. Safety and efficacy not established in people under the age of 18 years and therefore not currently recommended. Note that the tablet cannot be chewed, broken or crushed therefore cannot be used in people with swallowing difficulties or on enteral feeds.

PRECAUTIONS: Not recommended in pregnancy (TGA pregnancy category B3), breastfeeding and women of childbearing potential not using adequate contraception. Caution with risk of HIV-1 resistance development (in uncontrolled or undiagnosed HIV infections) and hepatotoxicity.

See CEC drug guideline and product information: https://www.tga.gov.au/sites/default/files/paxlovid-pi.pdf

Antiviral Pre-Assessment form

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

Molnupiravir (Lagevrio®):

Eligibility (after noting contraindications and precautions below)

☐ **Yes.** Recommended dosing: Molnupiravir 800 mg (4 x 200 mg capsules) every 12 hours for five days.

☐ **No.**

CONTRAINDICATIONS: Known allergy to molnupiravir (Lagevrio). Safety and efficacy not established in people under the age of 18 years and therefore not currently recommended. Not recommended in pregnancy (TGA pregnancy category D) and breastfeeding.

PRECAUTIONS: Additional precautions for women of childbearing potential (effective contraception for the duration of treatment with molnupiravir and for four days after the last dose) and men who are sexually active with a partner of childbearing potential (adequate form of contraception during treatment with molnupiravir and for **three months** after the last dose).

See CEC drug guideline and product information: https://www.tga.gov.au/sites/default/files/lagevrio-pi.pdf

INFLUENZA

Influenza vaccine: ☐ Influenza vaccine declined Date administered: ☐☐ / ☐☐ / ☐☐☐☐

Oseltamivir (Tamiflu®):

Treatment of, and prophylaxis against, influenza with oseltamivir should commence as soon as possible. Treatment should commence no later than 48 hours of symptom onset. Prophylaxis should begin within 48 hours of exposure.

The Australian Therapeutic Guidelines recommend oseltamivir for influenza treatment or prophylaxis for persons at increased risk of severe disease from influenza. Persons at increased risk of disease include: persons aged 65 years and over; Aboriginal or Torres Strait Islander people of any age; pregnant women; children aged 5 years or younger; residents of long-term residential facilities; and people aged 6 months and over who have medical conditions predisposing to severe influenza. See https://www.health.nsw.gov.au/infectious/influenza.

Suitable for treatment and/or prophylaxis for oseltamivir?

☐ **Yes.**

☐ **No.**

CONTRAINDICATIONS: Known allergy to oseltamivir.

PRECAUTIONS: End stage renal failure, pregnancy (TGA pregnancy category B1) or breastfeeding.

Antiviral Pre-Assessment form

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

Recommended dosing for oseltamivir (Tamiflu®)**:**

Note: Oseltamivir dosing requires adjustment in renal impairment. If there is a concern about impaired renal function or a change in the patient's condition then creatinine and GFR should be checked prior to prescribing.

Is renal adjustment for oseltamivir required? See TGA Product Information for details

☐ No. Adequate renal function (i.e., CrCl > 60 mL/min)	For treatment of confirmed influenza	☐ Dose: Oseltamivir 75 mg twice daily for 5 days
	For prophylaxis after confirmed exposure	☐ Dose: Oseltamivir 75 mg once daily for 10 days

☐ Yes. Dose adjustment required (i.e., CrCl < 60 mL/min)	For treatment of confirmed influenza	☐ Adjusted dose: _____ for 5 days
	For prophylaxis after confirmed exposure	☐ Adjusted dose: _____ for 10 days

Patient antiviral action plan

If you get symptoms or have recently been exposed to someone with COVID-19:

1. Get a PCR test, because you are at higher risk of severe illness and they are more accurate. Your doctor may provide a prepared pathology form for a COVID PCR test in case you get symptoms.
2. If you can't get a PCR test result quickly, do a RAT while you wait for the PCR test result.
3. If your RAT or PCR is **positive**, stay home and contact your GP for a telehealth appointment.
4. Register your positive RAT with Service NSW.

Please visit the NSW Health website for further advice.

If you test positive to COVID-19 or influenza, it is important to be assessed by a doctor for antivirals as soon as possible and **before** 5 days have passed since onset of symptoms or positive test.

Additional clinical advice (e.g., medication changes, contraceptive advice etc):

Antiviral Pre-Assessment form

Patient antiviral action plan (cont.)

- ☐ I have reviewed the patient's past medical history and medications)
- ☐ I have reviewed discussed eligibility for antiviral medication with the patient
- ☐ I have provided a copy of this pre-assessment to the patient
- ☐ I have provided the patient with a pre-prepared pathology form for a COVID-19 PCR test and discussed how and when they should use it (if applicable)
- ☐ I have attached a recent copy of the patient's health summary and medication list (if applicable)
- ☐ I have attached a copy of the patient's drug interaction summary for the patient (if applicable)

Medical Officer's Signature

Doctor's Name (print): _____

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

Contact Number: _____

Preference statement for antiviral medication

To be completed by the patient and/ or patient's guardian after discussion with their GP

- ☐ I have received information regarding the medications available

CEC Factsheet Nirmatrelvir plus ritonavir (Paxlovid): Information for patients, family and carers

CEC Factsheet Molnupiravir (Lagevrio): Information for patients, family and carers

- ☐ I have discussed the treatment options available to me with the doctor
- ☐ I would like to receive oral treatment for **COVID-19** as prescribed by a doctor if I develop COVID-19

I would like to receive oral treatment for **Influenza** as prescribed by a doctor

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

Date Completed: ☐☐ / ☐☐ / ☐☐☐☐ (*dd/mm/yyyy*) this form should be reviewed **every 6 months**.

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

☐ Patient ☐ Patient's Guardian ☐ Other: _____

Name (Patient): _____ Signature: _____ Print and Sign

Name (Patient's Guardian/Other): _____ Signature: _____ Print and Sign