Oral antiviral agents for COVID-19

Nirmatrelvir and ritonavir (Paxlovid)
OR
Molnupiravir (Lagevrio)

Prescribing Declaration and

Individual Patient Use (IPU) Form

Questionnaire Name	
Standard	
Patient Oriented	
Questionnaire Instruction	
Creator Name	
Creator Group	

NSW Health prescribers should complete this form to declare intention to use nirmatrelvir and ritonavir (Paxlovid) OR molnupiravir (Lagevrio) for treatment of mild-moderate COVID-19 that is likely to progress to severe disease.

Prescribers should be familiar with the below resources prior to completion of this form.

- Australian Product Information – Paxlovid (nirmatrelvir and ritonavir tablets)
- Drug Guidance – Use of nirmatrelvir and ritonavir tablets for COVID-19
- Patient Consent Form - nirmatrelvir and ritonavir
- Australian Product Information – Lagevrio (molnupiravir) capsules
- Drug Guidance – Use of molnupiravir capsules for COVID-19
- Patient Consent Form - molnupiravir

Use of oral antivirals for COVID-19 in NSW must be in accordance with the ACI Model of Care.

Any adverse events related to use should be reported via your local incident management system AND to the Therapeutic Goods Administration

This form may be reviewed by your local Drug and Therapeutics Committee and used for statewide reporting purposes.

***1.** Facility name [Question ID: 70107]

***2.** Patient initials [Question ID: 70106]

***3.** Patient Medical Record Number (MRN) [Question ID: 70105]

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4. Patient DOB (date format: dd/mm/yyyy) [Question ID: 70108]

***5.** Sex [Question ID: 70104]

- ○ Male
- ○ Female
- ○ Other

****The patient MUST meet the following criteria for an oral antiviral medicine for COVID-19 to be prescribed****

*6. Age
[Question ID: 70091]

●

O 65 years or older

O 35 years or older if Aboriginal and/or Torres Strait Islander

O 18 years or older and immunocompromised as per ATAGI guidance

O Do not meet the above criteria (DTC approval required)

Comments:

*7. Patient immunity status

Access ATAGI guidance regarding immunocompromised patients here.

Patients who have COVID-19, are not immunocompromised and are up to date with their primary vaccination course and booster(s) are NOT eligible for nirmatrelvir and ritonavir (Paxlovid) OR molnupiravir (Lagevrio).
[Question ID: 70089]

●

O Unvaccinated and have not completed their primary vaccination course for COVID-19

O Completed their primary vaccination course for COVID-19 but overdue for their booster dose (as per ATAGI guidance)

O Immunocompromised as per ATAGI guidance (irrespective of COVID-19 vaccination status)

O Do not meet the above criteria (DTC approval required)

Comments:

*8. Patients must have AT LEAST ONE of the following risk factors. Select all that apply:

Access ATAGI guidance regarding immunocompromised patients here.

Further or other details can be specified in the 'add comment' section on the right side of the page. [Question ID: 70098]

☐ Obesity greater than or equal to 30 kg/m2

☐ Severe cardiovascular disease (including hypertension)

☐ Severe chronic lung disease; including severe asthma (requiring a course of oral steroids in the previous 12 months), COPD and interstitial lung disease

☐ Type 1 or 2 diabetes mellitus

☐ Severe chronic kidney disease, including those that are on dialysis and unable to receive monoclonal antibody treatment. Note: nirmatrelvir and ritonavir is contraindicated in severe renal impairment (eGFR < 30 mL/min)

☐ Severe chronic liver disease Note: nirmatrelvir and ritonavir is contraindicated in severe hepatic impairment (Child-Pugh Class C)

☐ Immunocompromised as per ATAGI guidance

☐ Do not meet the above criteria (DTC approval required)

Comments:

***9.** Please indicate the oral antiviral agent which will be prescribed [Question ID: 70100]

●

○ Nirmatrelvir 300 mg + Ritonavir 100 mg (Paxlovid) every 12 hours for 5 days (for eGFR > 60 mL/min)

○ Nirmatrelvir 150 mg + Ritonavir 100 mg (Paxlovid) every 12 hours for 5 days (for eGFR 30-60 mL/min)

○ Molnupiravir 800 mg (Lagevrio) every 12 hours for 5 days

Comments:

***10.** I confirm the below criteria have been met [Question ID: 70101]

	Yes	No, do not meet the criteria (DTC approval required)
Patient has a confirmed diagnosis of mild to moderate COVID-19 (PCR or RAT) and has no oxygen requirement for COVID-19.	○	○
Patient is symptomatic and experienced symptoms onset within the last five (5) days.	○	○
Patient has been informed of the risks and benefits of using the prescribed medicine. After extensive discussion, informed consent has been obtained (this discussion may also occur with a carer/family member). This has been documented in the patient's clinical record.	○	○
Patient is suitable for treatment with an oral anti-SARS-COV-2 medicine considering patient parameters including, but not limited to; pregnancy status, drug interactions, renal and hepatic function.	○	○

Comments: