

# FACTSHEET

## Antiviral treatment and prophylaxis for people with disability, their families, carers, or appointed guardians – Advice for clinicians and residential facilities

In March 2022, the COVID-19 antivirals molnupiravir (Lagevrio®) and nirmatrelvir / ritonavir (Paxlovid™) were listed on the Pharmaceutical Benefits Scheme (PBS) for people with COVID-19 and certain risk factors. Molnupiravir and nirmatrelvir / ritonavir (Paxlovid™) can be prescribed with a PBS script, while oseltamivir (Tamiflu©) requires a private prescription. If a disability residential care facility has an influenza outbreak, ACT Health can assist with oseltamivir supply to individual facilities on a case-by-case basis.

Primary care providers are encouraged to collaborate with people with disability, their families, and carers to establish clinical assessment, treatment, and other referral pathways as part of COVID-19 preparedness. This may include individual pre-assessment for suitability for antiviral therapies, including post-exposure prophylaxis (in the case of influenza for those living in disability residential care facilities) to support prompt access and safe administration.

In the event of an outbreak at a disability residential care facility, clinicians should have mechanisms in place with relevant facilities to support prescription and charting of the relevant antivirals for people with disability - noting that they should be commenced as soon as possible for the most benefit. For oseltamivir and nirmatrelvir / ritonavir, in individuals with impaired renal function an eGFR should be considered if a recent result is not available. For nirmatrelvir / ritonavir, the prescribing clinician should consider all regular medications / supplements for potential drug interactions. [The Liverpool COVID-19 interaction tool](#) can assist with this assessment.

People with disability, their families, carers, or appointed guardians should be provided with written information on the proposed antivirals

([see Antiviral treatment and prophylaxis - Advice for people with disability, their families, carers or appointed guardians](#) for one option). An antiviral pre-assessment form for COVID-19 and influenza has been developed as a tool that clinicians may choose to use to support this process. Individual treatment preferences can be documented on the antiviral pre-assessment form, or in an appropriate location within the medical file. Should a COVID-19 infection, influenza infection, or influenza exposure occur, the treating clinician should be notified, and where relevant a prescription arranged.

In the case of people with disability living in disability residential care facilities, where they, or their appointed guardian, have agreed to antiviral treatment, prompt administration can be facilitated with PRN / anticipatory prescriptions. This could be in the form of a standing order that is confirmed via phone discussion with the clinician. Molnupiravir and nirmatrelvir / ritonavir can represent a significant pill burden for individuals who have difficulty taking oral medications. For advice on their use in people who require enteral feeding, or those who have difficulties swallowing, the Society of Hospital Pharmacists of Australia has produced a guide called [Don't Rush to Crush](#).

### Molnupiravir (Lagevrio®)

Molnupiravir can be used in the community for [people](#) who test positive for COVID-19, have mild to moderate symptoms, and [are at risk of severe disease](#). It should be commenced as early as possible, ideally within 5 days after symptom onset or test result. COVID-19 can present with atypical symptoms. Other symptoms to consider are new onset or increase in confusion, change in baseline behaviour, falling, or exacerbation of underlying chronic illness.

For more specific information on the use of molnupiravir and escalation processes, please see the [Useful resources](#) section below.

## Nirmatrelvir / ritonavir (Paxlovid™)

Nirmatrelvir / ritonavir can be used in the community for [people](#) who test positive for COVID-19, have mild to moderate symptoms, and [are at risk of severe disease](#). It should be commenced as early as possible, ideally within 5 days after symptom onset or test result. COVID-19 can present with atypical symptoms. Other symptoms to consider are new onset or increase in confusion, change in baseline behaviour, falling, or exacerbation of underlying chronic illness.

If nirmatrelvir / ritonavir is being considered, a resident's GP should assess their usual medications, supplements, and any potential drug interactions. The [Liverpool COVID-19 interactions tool](#) can be used to assess this. In people with impaired renal function an eGFR should be considered if a recent result is not available, as dose reduction may be required.

Facilities should arrange for supply through their community pharmacy (using a PBS prescription or medication chart based on existing pharmacy arrangements).

More specific resources for the use of nirmatrelvir / ritonavir and escalation processes can be found below.

## Useful resources for COVID-19 antivirals:

- [Molnupiravir \(Lagevrio®\) PBS information sheet](#)
- [Nirmatrelvir / ritonavir \(Paxlovid™\) PBS information sheet](#)
- [HealthPathways portal for clinical guidance and district specific GP information](#)
- [RACGP Home-care guidelines for patients with COVID-19](#)
- [Updated eligibility for oral COVID-19 treatments | Australian Government Department of Health and Aged Care](#)

## Oseltamivir (Tamiflu®)

Oseltamivir can be used as treatment for people with influenza. For disability residential care facilities in specific outbreak conditions, oseltamivir may be used as prophylaxis for people who have been exposed (contacts), in consultation with ACT Health. Oseltamivir treatment may reduce the severity and duration of illness in people who have influenza and can

reduce the risk of hospitalisation. A positive influenza laboratory result is not required to prescribe if the assessing medical or nurse practitioner has clinical suspicion of influenza. Empirical treatment should be considered for any person with disability presenting with an influenza-like illness in the context of the higher risk of individual severe disease, and to the broader facility, noting that antiviral treatment for influenza can shorten the duration of illness which may reduce the impact on others in a residential care environment.

- As per usual clinical practice, decisions on antiviral treatment should be based on the individual's disease severity and progression, age, underlying medical conditions, likelihood of influenza, time since onset of symptoms, and advanced health care plans.
- Oseltamivir dosing may need to be adjusted for people with renal impairment. Review recent renal function if available prior to any PRN / anticipatory treatment orders. Where a recent result is unavailable, consider requesting an eGFR if possible.
- If indicated, antiviral treatment should start as soon as possible after onset of symptoms, ideally within 48 hours.
- ACT Health will work with [facilities with influenza outbreaks](#) to consider whether prophylaxis may be indicated for people with disability who have been potentially exposed to influenza (e.g. within a household) in accordance with the national guidance ([link below](#)). Where prophylaxis is recommended, asymptomatic people with disability are not required to have PCR testing for influenza prior to commencing oseltamivir.
- When oseltamivir has been commenced for prophylaxis, it should be given once daily for 10 days and should be commenced as soon as possible when an outbreak is recognised, ideally within 24 hours.

## Specific resources on the use of oseltamivir:

- [Tamiflu Product Information \(tga.gov.au\)](#)
- [Department of Health | Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia](#)
  - Includes advice on dose adjustment for renal failure; AND
  - Prophylaxis in residential care facilities decision tool