

Influenza and COVID-19 antiviral medicines

Advice for clinicians



Clinician fact sheet for use of nirmatrelvir/ritonavir (Paxlovid™) and molnupiravir (Lagevrio®) for treatment of COVID-19, oseltamivir (Tamiflu®) for prophylaxis and treatment of influenza

GPs and residential care facilities are encouraged to establish and document a pre-assessment for people at high risk of severe illness to receive respiratory antivirals. This supports timely access and safe administration.

To support this, people who may be high risk for severe disease from influenza or COVID-19 should be pre-assessed for eligibility for these treatments using either:

- [Antiviral Pre-Assessment Form](#) – for adults who are at higher risk of severe disease
- [Antiviral Pre-assessment in Aged Care Facility Residents](#) – for residents in aged care facilities only.

[Advice](#) should be supplied to residents and their families and their treatment plan for testing and medications documented on the Antiviral Pre-assessment form.

Where there is concern regarding renal function, it would be helpful for the person's usual GP to note the latest eGFR results on the pre-assessment form or to order a current test.

Nirmatrelvir/ritonavir (Paxlovid™)

Nirmatrelvir/ritonavir (Paxlovid™) can be used in people with confirmed COVID-19 in the community. The drug should be commenced as early as possible but no later than day 5 after symptom onset. This medicine requires dose adjustment in people with renal impairment and is contraindicated in people with severe renal or hepatic impairment.

Paxlovid interacts with many different medicines, including herbal supplements. These interactions may lead to clinically significant adverse reactions, and/or a loss of therapeutic effect of Paxlovid. The GP should review the person's medications/supplements and potential for drug interactions. The [Liverpool COVID-19 drug interactions](#) checker can be used to assess this.

Nirmatrelvir/ritonavir resources including treatment advice and escalation processes

- [Nirmatrelvir/ritonavir \(Paxlovid™\) PBS factsheet](#)
- [Nirmatrelvir/ritonavir \(Paxlovid™\) PBS listing](#)
- [Prescribing considerations for nirmatrelvir plus ritonavir \(Paxlovid\): National Clinical Evidence Taskforce for COVID-19 Prescribing Guide](#)
- [Liverpool COVID-19 drug interactions checker](#)
- [HealthPathways portal for clinical guidance and district-specific GP information](#).
For access to health pathways please contact your local PHN
- [RACGP Home-care guidelines for patients with COVID-19](#)

Molnupiravir

Molnupiravir (Lagevrio®) can be used in people with confirmed COVID-19 in the community. The drug should be commenced as early as possible but no later than day 5 after symptom onset.

While nirmatrelvir and ritonavir is considered first line for treatment of patients with mild to moderate COVID-19 at high risk of progression to severe disease, in many common clinical circumstances nirmatrelvir and ritonavir will be contraindicated or unsuitable for use, and molnupiravir remains a suitable option in such patients.

Molnupiravir resources including treatment advice and escalation processes

- [Molnupiravir PBS factsheet](#)
- [Molnupiravir PBS listing](#)
- [HealthPathways portal for clinical guidance and district-specific GP information.](#)
For access to health pathways please contact your local PHN.
- [Drug treatments for at risk adults with covid-19 who do not require oxygen: National Clinical Evidence Taskforce for COVID-19 Decision Tool](#)
- [RACGP Home-care guidelines for patients with COVID-19](#)

Oseltamivir

Oseltamivir (Tamiflu®) can be used for treatment of people with suspected/confirmed influenza, or for prophylactic use in exposed people (primarily during influenza outbreaks in facilities and in people at high risk of severe disease). Treatment with oseltamivir may shorten the duration and severity of illness in people that already have influenza.

Empiric treatment with anti-influenza medications should be considered for anyone presenting with moderate or severe illness, and for those presenting with mild illness and who are at risk of severe illness (based on clinical judgment).

- Clinical judgment should be on the basis of the patient's disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms when making antiviral treatment decisions for residents at increased risk of severe illness.
- Because the dose of oseltamivir may need to be adjusted in the presence of renal impairment, GPs should be aware of the person's current renal function.
- When indicated, antiviral treatment should be started as soon as possible after illness onset, **ideally within 48 hours of symptom onset.**
- When influenza is confirmed in a facility, decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza in every resident.
- If an influenza outbreak is confirmed in a residential care facility, your local public health unit will provide advice about which residents should receive oseltamivir as prophylaxis. Oseltamivir for prophylaxis is given once a day for 10 days and should be commenced as soon as possible (ideally within 24 hours) of outbreak recognition.

Resources for the use of oseltamivir

[Tamiflu® \(oseltamivir phosphate\) Australian product information](#)

This product information includes dose adjustment advice for people with renal impairment.