



COVID-19 Hot Topics

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COVID-19 FAQs for General Practice

CAUTION & ADVICE: information and answers are updated regularly and correct at the date of last update.

The responses to FAQs contained in this bulletin are provided and regularly updated by a range of local general practitioners working within the Hunter New England Central Coast Primary Health Network.

<https://thephn.com.au/covidfaqforgps>

Up-to-date with vaccination

ATAGI moved from term “fully vaccinated”

- Age 5-15 and completed primary course - 3 dose primary course if significantly immunocompromised
- Age 16 or over and completed primary course - 3 dose primary course if significantly immunocompromised- AND had a booster dose if 3 months or more since primary course completed

<https://www.health.gov.au/news/atagi-statement-on-defining-up-to-date-status-for-covid-19-vaccination>

Not just a script

Not on PBS

Complex process

New drugs – indications, contraindications, interactions and precautions

HealthPathways

Interim arrangements – print, sign and fax/ email the “Prescribing and Declaration” form

- telehealth issues
- pharmacy access
- recording and sharing of information

https://aci.health.nsw.gov.au/data/assets/pdf_file/0010/698005/ACI-Model-of-care-for-the-use-of-anti-SARS-CoV-2-monoclonal-antibodies-for-adults.pdf

aci.health.nsw.gov.au

Model of care for the use of anti-SARS-CoV-2 monoclonal antibodies and antivirals

for people with mild and moderate COVID-19

FEBRUARY 2022

There are a range of anti-SARS-CoV-2 monoclonal antibodies (MAB) and antiviral medications that have been provisionally approved by the Therapeutic Goods Administration. These medications are for the treatment of patients in the early phase of infection with COVID-19 who are at risk of progression to severe disease.

	Sotrovimab (Xevudy)	Nirmatrelvir plus ritonavir (Paxlovid)	Molnupiravir (Lagevrio)
Standard dose	Single 500mg infusion over 30 minutes	2 x 150mg nirmatrelvir tablet + 1 x 100mg ritonavir tablet bd for 5 d	4 x 200mg molnupiravir tablet bd for 5 d
First line	✓	If no access to sotrovimab ✓	✗
Pregnancy	2 nd or 3 rd trimester ✓	✗	✗
Breastfeeding	✓	✗	✗
Contraception not required	✓	Female during + 7 d post ✗	Female during + 4 d post, male 3 m post ✗
Age 12-17	✓	✗	✗
Severe renal disease	✓	CI if eGFR<30, reduce dose if 30-59 ✗	✓
Severe liver disease	✓	Avoid if Childs Pugh C ✗	✓
No known significant drug interactions	✓	✗	✓

Oral antiviral prescribing part 1

1. Sight evidence of positive covid test

2. Confirm eligibility

https://aci.health.nsw.gov.au/_data/assets/pdf_file/0010/698005/ACI-Model-of-care-for-the-use-of-anti-SARS-CoV-2-monoclonal-antibodies-for-adults.pdf

3. Assess interactions, contraindications and precautions

https://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0006/702816/Drug-guideline-use-of-molnupiravir-capsules-for-COVID-19.PD

https://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0007/702817/Drug-guideline-use-of-nirmatrelvir-and-ritonavir-tablets-for-COVID-19.PDF

4. Provide written patient information / use decision aids

https://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0020/702821/Information-for-patients-family-and-carers-nirmatrelvir-and-ritonavir.PDF

https://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0008/702818/Information-for-patients-family-and-carers-molnupiravir.PDF

5. Document all of this and (verbal) consent in your records

Oral antiviral prescribing part 2

PRESCRIPTION AND DECLARATION – Oral antiviral medicines for COVID-19

Prescriber **MUST** keep original. **DO NOT** provide a copy to the patient.

This prescription and declaration form must be completed and sent to the appropriate email address/fax number (page 2) by the prescriber/medical practice to obtain supply of an oral antiviral medicine for COVID-19 for your patient. Once completed by a medical practitioner and signed in handwriting, the image of this document becomes a legal prescription and declaration of eligibility for supply.

Use of oral antiviral medicines for COVID-19 in NSW must be in accordance with the [ACI Model of Care](#).

All fields are mandatory. NOTE – No other prescriptions will be accepted by NSW Health Pharmacy Departments.

Patient first and last name		Patient address	
Medicare number, reference and expiry (if available)			
Patient contact telephone number		Patient date of birth	Patient gender
			Male

To obtain supply of an oral antiviral medicine for COVID-19, you must declare that the patient (**MUST meet ALL criteria**):

- has a confirmed diagnosis of mild to moderate COVID-19 (PCR or RAT) and has no oxygen requirement for COVID-19
- is symptomatic and experienced symptom onset within the last 5 days (Specify date of onset: _____)

falls into one of the following categories (**tick one that applies**) –

Unvaccinated or have not completed their primary vaccination course for COVID-19	<input type="checkbox"/>
Completed their primary vaccination course for COVID-19 but overdue for their booster dose (as per ATAGI guidance)	<input type="checkbox"/>
Immunocompromised as per ATAGI guidance (irrespective of COVID-19 vaccination status)	<input type="checkbox"/>

AND falls into one of the following categories (**tick one that applies**) –

Age ≥ 65 years	<input type="checkbox"/>
Age ≥ 35 years if Aboriginal and/or Torres Strait Islander	<input type="checkbox"/>

HealthPathways

Need to print and sign

DO NOT GIVE pages 1-2 to patient

DO give page 3 to patient

Keep hard copy for 2 years

Oral antiviral prescribing part 3

Fax / email form to pharmacy

- ? Check it has been received

Record in clinical software

Pharmacy contacts patient

Determine need for ongoing monitoring

Separate form for RACF and AHS

– submit to CEC

Chart / dispense - documentation

New Rx - Paxlovid 150mg; 100mg Tablet

MIMS
100% pure knowledge
February 2022

The selected product does not have any Abridged Product Information!

Dose:
1
2
1/2
1 1/2
5ml
2.5ml
2 puffs
Apply
1 drop
2 drops

Frequency:
Daily
In the morning
At midday
In the evening
Before bed
Twice a day
Three times a day
Four times a day
Every 4 hours
Every 6 hours
Every 8 hours
Every 12 hours
Once a week
Twice a week
Every 2 hours

Food:
before meals
with meals
after meals
on an empty stomach
without regard to meals
 p.r.n.
Route:
Oral

Other:
on alternate days to affected areas
both sides
Left side
Right side
Stat
As directed
For doctor's use
For nurse to administer

Complex instructions:
DO NOT DISPENSE. FOR RECORDS ONLY. MARK AS PRINTED.
Insert
Store

Save this dose as the default for this preparation

Number of tabs per day (for compliance checking)
 No compliance checking

Dose calculator Product Information CMI

< Back Next > Cancel

Pharmacy

On the Central Coast, the medication will be available to collect from Gosford Hospital Phone (02 4320-2111) with a service available 8am-8.30pm 7 days a week

In Hunter New England selected hospital pharmacies are open 9am – 3pm weekdays

John Hunter Hospital pharmacy:

Email HNELHD-JHHParmacy@health.nsw.gov.au

Phone (02) 4985-5010

Fax (02) 4921-3354

Manning Hospital

Email HNELHD-ManningPharmacy@health.nsw.gov.au

Phone (02) 6592-9244

Fax (02) 6592-9960

Maitland Hospital pharmacy

Email HNELHD-MaitlandPharmacy@health.nsw.gov.au

Phone (02) 4087-1560

Fax (02) 4923-6468

Tamworth Hospital pharmacy

Email HNELHD-NorthernPharmacy@health.nsw.gov.au

Phone (02) 6767-7370

Fax (02) 6761-3752

A four year old can receive the paediatric Pfizer vaccine



16



◆ True

▲ False

Other recent great questions

First Nations vaccination support

Incidence of PIMS-TS is approximately 1 in 3200 (ATAGI)

Moderna Spikevax TGA approved for primary course in age 6-11 (half adult dose) BUT waiting for ATAGI

Smartwatch pulse oximeters – not recommended

Great questions

**Got a question related to COVID
you would like answered?**



<https://forms.office.com/r/m3eBRM50n9>