Adult with symptomatic COVID-19 who does not require oxygen and has one or more risk factors for disease progression

**Risk factors for disease progression**
- Older age (e.g., over 65 years, or over 50 years for Aboriginal and Torres Strait Islander people)
- Diabetes requiring medication
- Glaucoma (IOP >30 mmHg)
- Renal failure
- Cardiovascular disease, including hypertension
- Respiratory conditions, including COPD, asthma requiring steroids, or bronchiectasis
- See also immunocompromising conditions

**Immunocompromised or unvaccinated?**

**Immunocompromised**
- Clinical evidence:
- Drug interactions:
- Considerations:
- Product type:
- Breastfeeding:

**Contraindications:**
- Is the patient: Is the patient: Within 5 days of symptom onset?
- NO
- YES

**Within 7 days of symptom onset?**

**Within 14 days of symptom onset?**

**Are one or more treatments accessible and the patient has no relative or absolute contraindications?**

**Is remdesivir accessible and the patient has no relative or absolute contraindications?**

**Are inhaled corticosteroids accessible and no absolute or relative contraindications?**

**Consider**
- Nirmatrelvir plus ritonavir (Paxlovid)
  - 300 mg / 100 mg PO bd for 5 days
- Remdesivir
  - 200 mg IV on day 1 then 100 mg IV on days 2 & 3
- Tixagevimab plus cilgavimab (Evusheld)
  - Single dose of 600 mg Evusheld consisting of two intramuscular injections (300 mg tixagevimab and 300 mg cilgavimab)

**Product type:**
- Antiviral (dual therapy)
- Antiviral (monotherapy)
- Monoclonal antibody (dual therapy)
- Monoclonal antibody (monotherapy)

**Drug interactions:**
- Multiple significant drug-drug interactions associated with CYP3A inhibition.
- See full TGA PI

**Pregnancy and conception:**
- Category B3: Do not use in pregnant women unless eligible to be enrolled in trials. Women of childbearing potential should avoid becoming pregnant during treatment and until 7 days after stopping treatment.
- Category B2: Should only be used during pregnancy if the expected benefit to the mother justifies the potential risk to the fetus. Women of childbearing potential must use effective contraception during treatment.
- Category B2: Do not routinely use in pregnant women unless eligible to be enrolled in trials.

**Breastfeeding:**
- Do not use in breastfeeding women unless eligible to be enrolled in trials. Breastfeeding can commence 7 days after the last dose.
- Developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for therapy and any potential adverse effects on the breastfed child.

**Management of adults with mild COVID-19**

**Management of adults with moderate to severe COVID-19**

**If previous options are not suitable or available:**
- Molnupiravir (Lagevrio)
  - 800 mg PO bd for 5 days

**Omicron variant.**

**Note:** Sotrovimab or Ronapreve (Casirivimab plus Imdevimab) can be used in the target population but have been omitted due to reduced effectiveness against the circulating Omicron variant.