Drugs for Adults with COVID-19 Who Do Not Require Oxygen

**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
- Obesity (BMI >30 kg/m²)
- Renal failure
- Cardiovascular disease, including hypertension
- Respiratory comorbidities, including COPD, asthma requiring steroids, or bronchiectasis
- See also immunocompromising conditions

**Immunocompromising conditions**
- Primary or acquired immunodeficiency
- Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
- Post-transplant: solid organ (an immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
- Immunocompromised due to primary or acquired (AIDS) immunodeficiency
- Other significantly immunocompromising conditions
- Immunosuppressive therapy (current or recent)
- Chemotherapy, whole body radiotherapy or total lymphoid irradiation
- High-dose corticosteroids (>40 mg of prednisone per day, or equivalent) for >14 days
- Selected other potent immunosuppressive therapies
  (refer to TGA advice)

**Notes:**
- Molnupiravir should not be used routinely for the treatment of COVID-19. Click here for further information.
- Do not routinely use the following monoclonal antibodies for the treatment of COVID-19: casirivimab plus imdevimab (Ronapreve) / sotrovimab (Sotrovir) / reglavanib (Raviglone) / tixagevimab plus cilgavimab (Evusheld)
- **It is unlikely that tixagevimab plus cilgavimab (Evusheld) is effective in treating individuals with currently circulating variants of COVID-19. Use may be considered for people infected with known Omicron BA.2.

**Drug treatments for adults with COVID-19**
- Antiviral (dual therapy)
  - Adults in the EPIC-HR trial were treated within 5 days of symptom onset with oral nirmatrelvir/ritonavir (Paxlovid) 300 mg/100 mg twice daily for 5 days
  - See Liverpool interaction checker.

**Drug treatments for pregnant or breastfeeding women with COVID-19**
- **Antiviral (monotherapy)**
  - Adults in the PINETREE trial were treated within 7 days of symptom onset with three intravenous doses on consecutive days (200 mg on day 1, followed by 100 mg on days 2 and 3)
  - Remdesivir should be administered intravenously in healthcare facilities in which patients can be monitored very closely.
  - See full TGA PI

**Contraindications:**
- Severe renal or severe hepatic impairment
- Concomitant use with drugs that are highly dependent on CYP3A for clearance and/or are potent CYP3A inhibitors
- Hypersensitivity to active ingredients or other components of the product

**Drug interactions:**
- Multiple significant drug-drug interactions associated with CYP3A inhibition
  - See Liverpool interaction checker.

**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.

**Breastfeeding:**
- Do not use in breastfeeding women unless eligible to be enrolled in trials. Breastfeeding can commence 7 days after the last dose.