Adult patient has confirmed COVID-19 with mild to moderate disease AND is eligible for treatment (see QH Guideline)

Does the patient have an absolute contraindication to nirmatrelvir plus ritonavir (Paxlovid®) or is the patient pregnant?

- **No**
  - Use nirmatrelvir plus ritonavir (Paxlovid®) – see Prescribing guideline

- **Yes**
  - Consider using (review prescribing guideline for contraindications and precautions):
    1. **Sotrovimab** (if in ‘Priority cohort’ or pregnant)
    2. **IV Remdesivir** (if feasible to give IV for 3/7, also suitable in pregnancy)
    3. **Molnupiravir** (contraindicated in pregnancy)

Absolute contraindications to nirmatrelvir plus ritonavir:
- Severe renal impairment (eGFR < 30mL/min/1.73m²)
- Severe hepatic impairment (Child-Pugh Class C)
- Pregnancy or breastfeeding
- Concurrent use of contraindicated drugs: [http://www.covid19-druginteractions.org/checker](http://www.covid19-druginteractions.org/checker)
- HIV with viral load above 400 copies/mL

**Priority cohort:**
- Not up-to-date with vaccination
  - Age > 55 years OR age > 35 years if Aboriginal and Torres Strait Islander WITH an additional COVID risk factor:
    - obesity (BMI > 30 kg/m²),
    - diabetes (requiring medication),
    - CKD (eGFR < 60mL/min/1.73m²),
    - heart failure, or
    - significant underlying bronchiectasis.
- Regardless of vaccination status
  - Immunosuppressed (defined as):
    - Solid organ transplantation on immunosuppression
    - Allogeneic stem cell transplant within 2 years or on immunosuppression / chronic GvHD
    - Autologous stem cell transplantation within 12 months
    - Acute myeloid leukaemia induction / consolidation within 3 months
    - Acute lymphoblastic leukaemia induction / consolidation / maintenance within 6 months
    - Lung cancer on active chemotherapy +/- immunotherapy within 3 months
    - Other malignancies (both haematological and solid cancer) requiring moderate intensity chemotherapy within the previous 2 weeks
    - Major antibody deficiency (i.e. CVID or XLA) with an additional COVID risk factor OR on immunosuppressive therapy
    - Combined immunodeficiency syndromes including transplanted SCID where immunoglobulin replacement is required.
    - HIV with CD4 count less than 250 cells/mm³
  - Regardless of vaccination status
    - Rituximab / obinutuzumab / BITE antibodies within 6 months
    - CAR-T within 12 months
    - Alemtuzumab within 3 months
    - Prednisone ≥ 20 mg/day (or equivalent) for > 4 weeks
    - Combination therapy with corticosteroids and ≥ 2 DMARDs
    - High dose cyclophosphamide (> 1 g/m²) within 6 months
    - Aplastic anaemia on active therapy