INFORMATION SHEET Current, 10 February 2022

Anti-viral treatments for SARS-CoV-2 in patients with cancer

Most fully vaccinated people infected with the COVID-19 virus will experience mild symptoms not requiring any treatment. Older people and those with underlying diseases or medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease and cancer) are more vulnerable and may require special care and treatment, including anti-viral medications.

Options and clinical indications

The treatments outlined below (Sotrovimab and two oral therapies nirmatrelvir/ritonavir (Paxlovid®) and Molnupiravir (Lagevrio®)) have been provisionally approved for use by the TGA .

Sotrovimab

Sotrovimab is a novel monoclonal antibody treatment that has been shown to reduce hospitalisation or death by 79% in adults with mild-to-moderate COVID-19 who are at high risk of progression to severe disease. It is administered intravenously. A complete treatment cycle requires only one dose. It is available from COVID-19 streaming centres.

Eligibility criteria

- Confirmed COVID-19 via PCR, RAT plus epidemiology/symptoms
- Within 5 days of symptoms
- No oxygen requirement
- One of the following:
  - i. Unvaccinated/partially vaccinated and one or more risk factors (DM, Obesity, CKD, CVD, HTN on treatment, CLD, ≥ 50 years
  - **ii.** Immune suppressed (regardless of vaccination status): HM, ONC chemo/radiotherapy, Tx, PID, HIV, SOTx, Pred ≥ 20mg ≥ 14 days, DMARDS)

Oral therapies

These new oral treatments have both been found to be effective in treating mild to moderate COVID-19 in adults aged 18 years of age and older, who do not require supplemental oxygen, and who are at increased risk of progression to hospitalisation or death.

The advantage of these oral medications is that many people will be able to receive treatment for COVID-19 in their own homes without the need to travel to hospital for treatment as an inpatient.

These will be available shortly.

Nirmatrelvir/ritonavir (Paxlovid®)	Molnupiravir (Lagevrio®)
▪ Relative risk reduction in hospitalisation/death 88% ▪ 300/100mg twice daily for 5 days **Indications** ▪ at-risk unvaccinated patients ▪ immunosuppressed or not immunocompetent regardless of vaccination status ▪ have received one or two doses of vaccine and who are at high risk of severe disease on the basis of age and multiple risk factors^. **Note:** No clinical data on its use in pregnancy, breast feeding women, children and adolescents. Ritonavir is a strong inhibitor of CYP3A and is associated with significant drug interactions. Careful evaluation of current medication history and potential drug interactions is strongly recommended prior to its use.	▪ Relative risk reduction in hospitalization/death 30% ▪ 800mg twice daily for 5 days **Indications** ▪ at-risk unvaccinated patients ▪ immunosuppressed or not immunocompetent regardless of vaccination status ▪ have received one or two doses of vaccine and who are at high risk of severe disease on the basis of age and multiple risk factors^ ▪ Only where other treatments (such as sotrovimab or nirmatrelvir plus ritonavir) are not suitable or available. **Note:** No clinical data on its use in pregnancy, breast feeding women, children and adolescents. Anial studies indicate potential teratogenic effects, impact on fetal growth at high doses. Contraception strongly recommended.

Information adapted from National COVID-19 clinical taskforce guidelines, thanks to A/Prof Benjamin Teh, National Centre for Infections in Cancer

Please refer to the guidelines for complete list of risk factors and immune compromising conditions.

Further information

TGA website