

## Access criteria for COVID-19 antivirals: determine priority by need

COVID-19 continues to circulate in the community, although at much lower levels than during the peak of the pandemic. Most people with COVID-19 experience mild symptoms that can be managed with supportive care alone. However, some people are at high risk for severe outcomes (i.e. hospitalisation and death) and therefore may be suitable for antiviral treatment.

There are two COVID-19 antivirals currently available in New Zealand; [nirmatrelvir with ritonavir](#) (Paxlovid; oral) and [remdesivir](#) (Veklury; IV, hospital use), and these are funded for groups at high risk of severe outcomes from COVID-19 (see: “Factors that increase risk of severe outcomes from COVID-19”).<sup>1</sup>

The access criteria for funded COVID-19 antivirals for people aged 50 – 64 years were amended from 1<sup>st</sup> September, 2025, to include **all** people aged 50 years and over with COVID-19 who are considered by their healthcare professional to be **at high risk** of hospitalisation or death from COVID-19 infection.<sup>1</sup> Previously, access was restricted to people aged  $\geq 50$  years if they were of Māori or Pacific ethnicity or had not yet completed a primary course of COVID-19 vaccination.<sup>1</sup>

This change is intended to give healthcare professionals more discretion as to which patients they consider to be at high risk due to factors not covered in other aspects of the access criteria (see below). Healthcare professionals can use their clinical judgement, including knowledge of COVID-19 epidemiology and risk factors, to prescribe COVID-19 antivirals to patients aged  $\geq 50$  years based on need.<sup>1</sup> This may include consideration of the patient’s medical, personal and/or social factors and circumstances, such as ethnicity and access to healthcare, e.g. social or geographical isolation, lack of transport, unreliable phone or internet connection, housing issues (see: “Demographic factors, vaccination status and co-morbidities influence risk”).

People aged 65 years and over remain eligible for funded COVID-19 antiviral treatment based on age alone. People of any age can also access funded COVID-19 antivirals if they meet other criteria, e.g. if they are immunocompromised, have previously required care in the intensive care or high dependency unit for COVID-19, people with a disability or severe vulnerability due to medical conditions or a combination of risk factors (see box).<sup>1</sup>

### COVID-19 antiviral access criteria

Patients are eligible for funded COVID-19 antiviral treatment if they have:<sup>1</sup>

1. Confirmed (or probable) symptomatic COVID-19, or symptoms consistent with COVID-19 and are a household contact of a positive case; **AND**
2. Symptom onset within the last five days; **AND**
3. No requirement for supplemental oxygen due to COVID-19 infection;\* **AND**
4. **ANY** of the following:
  - 4.1 Are aged ≥ 65 years; **OR**
  - 4.2 Are aged ≥ 50 years and considered by their healthcare professional to be at high risk of hospitalisation or death from COVID-19 due to factors not covered below; **OR**
  - 4.3 Are [immunocompromised](#) and not anticipated to reliably mount an adequate immune response to COVID-19 vaccination or infection; **OR**
  - 4.4 Had a previous admission to critical or high dependency care directly as a result of COVID-19; **OR**
  - 4.5 Has Down syndrome; **OR**
  - 4.6 Has sickle cell disease; **OR**
  - 4.7 Receives Disability Support Services from the Ministry of Social Development (previously administered by the Ministry of Disabled people | Whaikaha); **OR**
  - 4.8 Has pre-existing high risk due to a health condition and needs direct family/whānau or external disability care most days; **OR**
  - 4.9 Has pre-existing severe frailty and/or vulnerability due to one or more severe health conditions;† **OR**
  - 4.10 Has any combination of ≥ 3 [high-risk factors for severe illness](#) from COVID-19

N.B. The antiviral cannot be used concurrently with another COVID-19 antiviral.<sup>1</sup>

\* Supplemental oxygen to maintain oxygen saturation > 93%, or at or above baseline, for patients with chronic resting hypoxia due to COVID-19 infection (excluding those with chronic resting hypoxia as a result of conditions other than COVID-19)

† Health conditions that include severe or very advanced disease including, but not limited to, severe neurological, cardiovascular, renal and respiratory conditions

## Factors that increase risk of severe outcomes from COVID-19

People with certain factors or within specific population groups have been identified as being at increased risk of hospitalisation and death from COVID-19, and are, therefore, likely to benefit from COVID-19 antiviral treatment. This could be due to medical, personal or social factors. It is possible that recommendations may be revised over time as further evidence emerges. Table 1 lists medical co-morbidities and independent factors that increase the risk of severe COVID-19.

### Demographic factors, vaccination status and co-morbidities influence risk




**Age.** Increasing age is a predominant risk factor for severe outcomes (i.e. hospitalisation and death) from COVID-19.<sup>2,3</sup> This risk is reported to be particularly high in people aged over 70 years in New Zealand, compared to those who are younger.<sup>4</sup>




**Ethnicity.** Numerous New Zealand-based studies have shown that people of Māori and Pacific ethnicity experience higher hospitalisations and mortality due to COVID-19.<sup>2,3,5</sup> The effect remains after controlling for variables, e.g. age, co-morbidities, socioeconomic deprivation.<sup>2,3</sup> Therefore, ethnicity is an important independent factor in determining patients at risk of more severe outcomes from COVID-19.




**High socioeconomic deprivation** is associated with an increased hospitalisation and mortality risk due to COVID-19.<sup>2,6</sup> An effect is also observed independent of age, co-morbidities and ethnicity.<sup>2</sup> This may include people living in overcrowded homes, no fixed home, who are unemployed, have a lack of transport or an unreliable phone or internet connection. On a practical level, this may mean that people who do not have a stable setting in which to recover from COVID-19, or a reliable means of caring for themselves, seeking help or responding to follow up are likely to be at high risk.

 Data supporting ethnicity and socioeconomic deprivation as risk factors for severe outcomes from COVID-19 are covered in more detail in the comprehensive article on COVID-19 antivirals, available [here](#).

 **Vaccination status** influences the risk of progression to severe COVID-19.<sup>7,8</sup> People who were not fully vaccinated\* against COVID-19 have been shown to be at greater risk of hospitalisation and mortality due to COVID-19 compared to those who were.<sup>2,4</sup> While most of the eligible population in New Zealand are vaccinated to some degree against COVID-19,<sup>9</sup> there will be a very small group who in addition to never being vaccinated, have not been exposed to SARS-CoV-2 and will, therefore, have no COVID-19 immunity.<sup>4</sup> This will likely result in more severe illness if infected with COVID-19.

\* Considered to be those who had not received at least two primary doses of COVID-19 vaccine (a single dose of the Comirnaty JN.1 COVID-19 vaccine is now considered a primary course)

 **Medical co-morbidities.** People with co-morbidities, e.g. cardiovascular or respiratory disease, immunocompromise, experience poorer outcomes associated with COVID-19.<sup>7,8</sup> Data from New Zealand has shown that people with any co-morbidity had more than six times the risk of COVID-19 mortality than people without.<sup>2</sup> See Table 1 for a list of medical co-morbidities that are associated with a high risk of severe COVID-19.<sup>10</sup>

**Table 1.** Medical co-morbidities and independent factors that increase risk of COVID-19 severity.<sup>2,10</sup>


<b>Respiratory</b>	<ul style="list-style-type: none"> <li>■ Chronic lung or airway disease</li> </ul>
<b>Cardiovascular and metabolic</b>	<ul style="list-style-type: none"> <li>■ Serious cardiovascular condition, e.g. congestive heart failure, coronary artery disease, rheumatic heart disease, congenital heart disease</li> <li>■ Poorly controlled hypertension</li> <li>■ Diabetes</li> <li>■ Chronic kidney disease</li> <li>■ Morbid obesity (BMI <math>\geq</math> 35 kg/m<sup>2</sup>)</li> </ul>
<b>Mental health</b>	<ul style="list-style-type: none"> <li>■ Severe mental health condition, e.g. schizophrenia, major depressive disorder, bipolar or schizoaffective disorder</li> <li>■ Accessing secondary and tertiary mental health and addiction services</li> <li>■ Mental health and addiction issues and currently homeless or without permanent housing</li> </ul>
<b>Other illness/disability</b>	<ul style="list-style-type: none"> <li>■ Chronic neurological or neuromuscular disease</li> <li>■ Severe haematological disorders</li> <li>■ Severe liver disease, e.g. cirrhosis</li> <li>■ Active cancer</li> <li>■ Significant developmental disability</li> </ul>
<b>Independent factors</b>	<ul style="list-style-type: none"> <li>■ Increasing age, i.e. aged &gt; 70 years</li> <li>■ Māori or Pacific ethnicity</li> <li>■ High socioeconomic deprivation</li> <li>■ No immunity to SARS-CoV-2, i.e. not completed a primary course of COVID-19 vaccination and never had COVID-19 before</li> </ul>

## So, how do you determine who is at high risk to meet criteria 4.2?

3. No requirement for supplemental oxygen due to COVID-19 infection; AND
4. **ANY** of the following:
- 4.1 Are aged  $\geq 65$  years; **OR**
  - 4.2 **Are aged  $\geq 50$  years and considered by their healthcare professional to be at high risk of hospitalisation or death from COVID-19 due to factors not covered below; OR**
  - 4.3 Are immunocompromised and not anticipated to reliably mount an adequate immune response to COVID-19 vaccination or infection; **OR**

When deciding whether a patient needs a COVID-19 antiviral, if they clearly meet the listed access criteria, then treatment is appropriate, e.g. are aged  $\geq 65$  years, have three or more co-morbidities in Table 1. The decision to prescribe a COVID-19 antiviral to patients aged 50 years or over who are at high risk of hospitalisation or death due to factors not covered in other aspects of the criteria (i.e. to meet access criteria 4.2) comes down to clinical judgement of the individual circumstances of the patient. In general, consider COVID-19 antivirals in a patient aged 50 – 64 years if they have any of the following factors:

- Māori or Pacific ethnicity
- Socioeconomic deprivation, e.g. they do not have a stable setting in which to recover from COVID-19, or a reliable means of caring for themselves, seeking help or responding to follow up
- Are not fully vaccinated against COVID-19 (primary course) and never had COVID-19 before
- One or two of the medical co-morbidities from Table 1 if there is clinical concern about the effect on recovery from COVID-19

 **The appropriate use of COVID-19 antivirals in a primary care setting.** A comprehensive article about prescribing antiviral medicines for patients with COVID-19 is available [here](#), and includes information about dosing, medicine interactions, adverse effects and effectiveness of nirmatrelvir/ritonavir (Paxlovid).



Article supported by Pharmac

### References

1. Pharmac. Decision to amend access to COVID-19 antivirals and change supply and reimbursement arrangements. Available from: <https://www.pharmac.govt.nz/news-and-resources/consultations-and-decisions/2025-08-decision-to-amend-access-to-covid-19-antivirals-and-change-supply-and-reimbursement-arrangements> (Accessed Aug, 2025).
2. Public Health Agency. COVID-19 mortality in Aotearoa New Zealand: inequities in risk. 2022. Available from: <https://www.health.govt.nz/publications/covid-19-mortality-in-aotearoa-new-zealand-inequities-in-risk> (Accessed Aug, 2025).
3. Steyn N, Binny RN, Hannah K, et al. Māori and Pacific people in New Zealand have a higher risk of hospitalisation for COVID-19. *N Z Med J* 2021;134:28–43.
4. Pharmac. Meeting record of COVID-19 Treatments Advisory Group (long COVID and cost-effectiveness of antivirals). 2023. Available from: <https://www.pharmac.govt.nz/about/expert-advice/advisory-groups> (Accessed Aug, 2025).
5. Jefferies S, Gilkison C, Duff P, et al. Ethnic equity in Aotearoa New Zealand's COVID-19 response: a descriptive epidemiological study. *Public Health* 2025;244:105732. doi:10.1016/j.puhe.2025.105732
6. Royal Commission of inquiry into COVID-19 lessons learned | Mātou Pūrongo. Available from: <https://www.covid19lessons.royalcommission.nz/reports-lessons-learned> (Accessed Aug, 2025).
7. Polkinghorne A, Branley JM. Medications for early treatment of COVID-19 in Australia. *MJA* 2022;217. doi:10.5694/mja2.51750
8. Blair HA. Nirmatrelvir plus ritonavir in COVID-19: a profile of its use. *Drugs Ther Perspect* 2023;39:41–7. doi:10.1007/s40267-022-00971-1
9. Health New Zealand | Te Whatu Ora. COVID-19 data and statistics. Available from: <https://www.tewhātuora.govt.nz/for-health-professionals/data-and-statistics/covid-19-data> (Accessed Aug, 2025).
10. Pharmac. Identifying people at high risk for severe illness from COVID-19. 2023. Available from: <https://www.pharmac.govt.nz/news-and-resources/covid19-access-criteria-for-covid-19-medicines/identifying-people-at-high-risk-for-severe-illness-from-covid-19> (Accessed Aug, 2025).



This article is available online at:  
[www.bpac.org.nz/2025/access-antivirals.aspx](http://www.bpac.org.nz/2025/access-antivirals.aspx)

© Copyright BPAC NZ Limited (bpac<sup>nz</sup>) 2025. All rights reserved.

This resource is the subject of copyright which is owned by bpac<sup>nz</sup>. You may access it, but you may not reproduce it or any part of it except in the limited situations described in the terms of use on our website.