MSD

forward thinking
COVID-19 CLINICAL CONVERSATIONS

Educational webinar

COVID-19 in the elderly

Lessons learned & future directions

Tuesday, 21st June 2022 | **8pm AEST** (NSW, VIC, QLD, ACT, TAS); **7.30pm** (SA & NT); **6.00pm** (WA)

MSD would like to invite you to an educational webinar: COVID-19 in the elderly- lessons learned & future directions.

Please join us for this educational event, to review the impact of COVID-19 in elderly Australians, in both residential aged care facilities (RACFs) and in community settings.

The presenters will share evidence and practice-based insights on COVID-19 and LAGEVRIO® (molnupiravir), with an emphasis on sharing practical 'tips and tricks' that can be easily translated into clinical practice.

Each of the speakers will be able to share perspectives from their own state (NSW, VIC, SA), with representation across both metropolitan and regional Australia.

Agenda

8:00pm	**Welcome & Introductions:** **Dr Anita Muñoz**
8:05pm	**The impact of COVID-19 in elderly Australians:** **Dr Anita Muñoz**
8:15pm	**LAGEVRIO (molnupiravir) - a review of the evidence and application in practice (including the presentation of real-world case studies):** **Prof Simon Willcock**
8:40pm	**Insights from an in-house RACF pharmacist - Implementation of LAGEVRIO in a RACF and key elements of winter care planning:** **Julian Soriano**
8:55pm	**Panel Q&A** led by **Dr Anita Muñoz**
9.15pm	**Closing remarks & close**

Register now by scanning the QR code

Password: COVID

72h

A 72 hour replay will be available after the completion of the event.

Visit msdevents.com/covid to watch the replay.

Speaker

Dr Anita Muñoz

MBBS (Hons), FRACGP, GradCertClinTeach, MPH, GAICD

Anita Muñoz is a GP in private practice in Melbourne's CBD and has a dedication to evidence-based medicine, lifelong learning, and promoting the role of general practice in the health of patients, communities and in public health more broadly.

Anita worked as a Clinical Editor and Clinical Advisor for 6 years with North Western Melbourne PHN through which a passion for health system improvement, innovation, sustainability and equity emerged. She sees general practice as the key to a rational health system that produces better outcomes for patients and practitioners alike.

Anita has held advisory positions with Better Care Victoria and Safer Care Victoria and has been a medical educator for over 10 years. She is particularly preoccupied with the wellbeing and experience of general practice registrars, and of securing a high-quality general practice workforce for the future.

Anita is Chair of the Victoria Faculty of the Royal Australian College of General Practitioners and RACGP board member.

Speaker

Professor Simon Willcock

Professor Simon Willcock is a General Practitioner and Clinical Program Head of Primary and Generalist Care, Wellbeing and Diagnostics at MQ Health. His education and research interests include the health of doctors, generational change in the medical workforce, men's health and musculoskeletal medicine.

Simon trained as a rural procedural GP, and practised in Inverell, NSW where his practice included obstetrics and anaesthetics. Prof Willcock has had a number of educational and leadership roles including board member of the Sydney North Health Network.

Speaker

Julian Soriano

Julian Soriano works as an embedded onsite pharmacist for Tanunda Lutheran Home in the Barossa Valley of South Australia as well as a project pharmacist for the Southern Adelaide Palliative service. Julian is a strong advocate for the role that pharmacists can play in improving the care that older Australians receive in RACFs and towards the end of life through exceptional medication management and collaborative multi-disciplinary teams.

He was recently recognised as the South Australian/ Northern Territory Early Career Pharmacist of 2022 for his work in aged care and palliative care in rural South Australia.

▼ This medicine is subject to additional monitoring in Australia. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse events at www.tga.gov.au/reporting-problems. Before prescribing, please review the full Product Information available at www.msdinfo.com.au/lagevriopi

PBS information: LAGEVRIO® is listed on the PBS (Streamlined Authority). For eligibility criteria, please refer to www.pbs.gov.au.

LAGEVRIO® is also provided to the Australian Government and distributed via the National Medical Stockpile in accordance with the supply agreement. The Australian Government will determine access to LAGEVRIO for eligible patients.

Selected Safety Information LAGEVRIO® (molnupiravir) Capsules[1]

INDICATION: LAGEVRIO (molnupiravir) has provisional approval for the treatment of adults with COVID-19 who do not require initiation of oxygen due to COVID-19 and who are at increased risk for hospitalisation or death. The decision to approve this indication is based on the efficacy and safety data from a Phase 3 trial. Continued approval of this indication depends on additional data.

PRECAUTIONS: Pregnancy Category D: The use of LAGEVRIO is not recommended during pregnancy. In women of childbearing potential, health care providers should discuss the chance that they may be pregnant and consider the need for a pregnancy test. **Contraception:** Advise women of childbearing potential to use effective contraception for the duration of treatment and for 4 days after the last dose of LAGEVRIO. Sexually active men with a partner of childbearing potential should use contraception during and for 3 months after treatment. Based on animal data, LAGEVRIO may cause foetal harm when administered to pregnant women. **Breastfeeding:** Based on the potential for adverse reactions on the infant from LAGEVRIO, breastfeeding is not recommended during treatment and for 4 days after the last dose of LAGEVRIO. **Paediatric patients:** Use in children is not recommended. **Use in elderly:** No dose adjustment of LAGEVRIO is recommended based on age. In the MOVe-OUT study there was no difference in the safety and tolerability between patients >65 years of age and younger who were treated with LAGEVRIO. **Hypersensitivity:** Hypersensitivity reactions have been reported with LAGEVRIO. If signs or symptoms of a clinically significant hypersensitivity reaction occur, immediately discontinue LAGEVRIO and initiate appropriate medications and/or supportive care.

INTERACTIONS: No drug interactions have been identified based on the limited available data.

CONTRAINDICATIONS: Hypersensitivity to the active substance or any of the excipients.

ADVERSE REACTIONS: The most common adverse reactions occurring in ≥1 % of subjects in the LAGEVRIO treatment group in the Phase 3 double-blind MOVe-OUT study were diarrhoea (2% versus placebo at 2%), nausea (1% versus placebo at 1%), and dizziness (1% versus placebo at 1 %) all of which were Grade 1 (mild) or Grade 2 (moderate). Serious adverse events occurred in 7% of subjects receiving LAGEVRIO and 10% receiving placebo; most serious adverse events were COVID-19 related. Adverse events leading to death occurred in <1 % of the subjects receiving LAGEVRIO and 2% of subjects receiving placebo.

POST MARKETING EXPERIENCE: The following adverse reactions have been identified during post-marketing use of LAGEVRIO: hypersensitivity, angioedema, erythema, rash and urticaria.

References: 1. LAGEVRIO Approved Product Information. 22 April 2022.

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