OUTPATIENT ORAL THERAPIES FOR COVID-19

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OUTPATIENT THERAPIES

- AVAILABLE (REPURPOSED + NOVEL)
  - COLCHICINE
    - LOW POWER, LOW CERTAINTY, HIGH ADVERSE EVENTS, NOT CURRENTLY RECOMMENDED
  - BUDESONIDE
    - FOR SYMPTOMATIC TREATMENT, NO IMPACT IN DISEASE PROGRESSION
    - CAN USE IN PATIENTS OVER AGE 65 WITH MILD ILLNESS OR >50 WITH COMORBIDITIES
  - FLUVOXAMINE
    - BRAZILIAN RCT AND SHOWN TO REDUCE EMERGENCY ROOM VISITS > 6 HOURS, A SURROGATE ENDPOINT FOR HOSPITALIZATIONS.
    - A CANADIAN FLUVOXAMINE STUDY STOPPED ENROLLMENT DUE TO FUTILITY.
  - PAXLOVID (NIRMALTREIVR/RITONAVIR)*
- NOT AVAILABLE YET
  - MOLNUPIRAVIR (MERCK)

PAXLOVID – NIRMATRELVIR/RITONAVIR

- ORAL DIRECT ACTING ANTIVIRAL
- DOSING: 300 MG NIRMATRELVIR + 100 MG RITONAVIR BID X 5 DAYS
  - RITONAVIR IS BEING USED TO INCREASE THE HALF-LIFE OF NIRMALTRELVIR
- PHASE 3 EPIC-HR STUDY
  - HAS NOT BEEN PEER-REVIEWED
  - ALL DATA IS DIRECTLY FROM PFIZER
  - DOUBLE-BLIND PLACEBO CONTROLLED
  - UNVACCINATED, HIGH RISK POPULATIONS
    - AGE 60 OR OLDER OR A CHRONIC CONDITION SUCH AS DIABETES, HEART CONDITION OR CHRONIC KIDNEY DISEASE
  - RELATIVE RISK REDUCTION 88%, ABSOLUTE RISK REDUCTION 5.5%
- METABOLIZED BY CYP 3A4 (HIGH RISK FOR DRUG-DRUG INTERACTIONS)
- APPROVED BY HEALTH CANADA JANUARY 17, 2022
- LOGISTIC & PRACTICAL CONCERNS TO IMPLEMENTATION

MOLNUPIRAVIR

- NUCLEOTIDE ANALOGUE WHICH WHEN INCORPORATED INTO VIRAL RNA CAUSES BASE-PAIR MISMATCH LEADING TO MUTATIONS
- DOSING: 800 MG PO BID X 5 DAYS
- RANDOMIZED, DOUBLE BLIND, CONTROLLED TRIAL (MOVE-OUT)
- END POINT: ALL CAUSE HOSPITALIZATION OR MORTALITY
- INITIAL PRESS RELEASE: REDUCTION IN SEVERE OUTCOMES (HOSPITALIZATION/DEATH) FROM 9.7% TO 6.8%.
- FINAL ANALYSIS - ARR DECLINED TO 3% WITH CONCERNS RE: STATISTICAL SIGNIFICANCE.
- BC CTC IS REVIEWING
- CURRENTLY NOT APPROVED FOR TREATMENT BY HEALTH CANADA
- COST EXPECTED TO BE >$500 FOR 5 DAY TREATMENT