

**COVID-19 Outpatient Therapeutics Overview**

|  | <b>Sotrovimab</b>                            | <b>Nirmatrelvir/ritonavir<br/>(Paxlovid®)</b>         | <b>Molnupiravir<br/>(Lagevrio®)</b>          | <b>Fluvoxamine</b>                           | <b>Remdesivir<br/>(Veklury®)</b>                 |
|--|--|---|--|--|--|
| <b>Manufacturer</b>  | GlaxoSmithKline                              | Pfizer  | Merck  | N/A  | Gilead   |
| <b>Current EUA</b>   | Yes  | Yes   | Yes  | No (submitted)                               | FDA approved <sup>#</sup>                        |
| <b>Indication</b>  | At risk outpatients with mild-moderate COVID | At risk outpatients with mild-moderate COVID          | At risk outpatients with mild-moderate COVID | At risk outpatients with mild-moderate COVID | At risk patients with COVID                      |
| <b>Drug class</b>  | Monoclonal antibody                          | Protease inhibitor and CYP3A inhibitor                | Nucleoside analogue                          | SSRI   | RNA polymerase inhibitor                         |
| <b>Mechanism of action</b>                                       | Neutralizing monoclonal antibody             | Inhibits mPRO, preventing viral replication           | Viral lethal mutagenesis                     | Anti-inflammatory, sigma-1 receptor          | Inhibits viral replication                       |
| <b>Delta variant activity</b>                                    | Yes  | Yes   | Yes  | Expected                                     | Expected   |
| <b>Omicron variant activity</b>                                  | Expected                                     | Expected  | Expected                                     | Expected                                     | Expected   |
| <b>Age limit</b>   | 12 years or older                            | 12 years or older                                     | 18 years or older                            | 8 years or older                             | 12 years or older                                |
| <b>Weight limit</b>  | 40 kg or more                                | 40 kg or more   | None stated                                  | None stated                                  | 40 kg or more                                    |
| <b>Can initiate if hospitalized for COVID?</b>                   | No   | No  | No   | Currently non-formulary at UH                | Yes  |
| <b>Can continue if hospitalized during therapy?</b>              | No   | Yes, if available                                     | Yes, if available                            | Currently non-formulary at UH                | Yes  |
| <b>Authorized for pre-exposure or post-exposure prophylaxis?</b> | No   | No  | No   | No   | No   |
| <b>When to start?</b>  | Within 10 days of symptom onset              | Within 5 days of symptom onset                        | Within 5 days of symptom onset               | Within 7 days of symptom onset               | Within 7 days of symptom onset                   |
| <b>Route</b>   | IV   | Oral  | Oral   | Oral   | IV   |
| <b>Dose</b>  | 500 mg once over 30 minutes                  | 300 mg nirmatrelvir + 100 mg ritonavir every 12 hours | 800 mg every 12 hours                        | 50 mg BID                                    | 200 mg on day 1, then 100 mg daily on day 2 & 3* |
| <b>Pills per dose</b>  | N/A  | 3   | 4  | 1  | N/A  |
| <b>Duration of therapy</b>                                       | One time infusion                            | 5 days  | 5 days                                       | 10 days                                      | 3 days*  |
| <b>Okay to crush?</b>  | N/A  | No  | No   | No   | N/A  |
| <b>Renal and hepatic dose adjustments?</b>                       | No   | Yes   | No   | No   | No   |

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| <b>Pregnancy and breastfeeding?</b>                        | No data  | No data  | Not recommended  | Not recommended   | Risk vs benefit   |
| <b>Must provide patient fact sheet?</b>                    | Yes  | Yes  | Yes  | No  | No  |
| <b>Drug interactions</b>                                   | No   | Yes  | No   | Yes with melatonin  | No  |
| <b>Warnings</b>  | Infusion related reactions                               | Hepatotoxicity, HIV-1 drug resistance  | Embryo-fetal toxicity, bone and cartilage toxicity       | Increased risk of suicidal thinking in children             | Renal impairment (cyclodextrin)                           |
| <b>Contraindications</b>                                   | None   | Patients on drugs that are highly dependent on CYP3A for clearance and for which elevated concentrations are associated with serious and/or life-threatening reactions | Pregnancy  | None  | None  |
| <b>Most common adverse reactions</b>                       | Infusion related reactions                               | Dysguesia, diarrhea, hypertension, myalgia   | Diarrhea, nausea, dizziness                              | Headache, insomnia, nausea, weakness                        | Nausea, increased AST and ALT, prolonged prothrombin time |
| <b>Efficacy in high risk patients compared to placebo:</b> | 79% reduction in hospitalization or death through day 29 | 88% reduction in hospitalization or death through day 28   | 30% reduction in hospitalization or death through day 29 | 32% reduction in hospitalization or >6 hrs in ED at 28 days | 87% reduction in hospitalization or death through day 28  |
| <b>Hospitalizations or deaths at ~28 days (%):</b>         | SOT 1% vs PL 6%  | PAX 0.8% vs PL 6.3%  | MOL 6.8% vs PL 9.7%                                      | FLU 11% vs PL 16%   | REM 0.7% vs PL 5.3%                                       |

PL: placebo, #Remdesivir has EUA approval for pediatric patients who weigh 3.5 to less than 40 kg and are less than 12 years of age to support utilization in non-hospitalized patients with mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19. \*If being used outpatient, recommend total 3 day duration.

#### Citations:

- 1) Paxlovid EUA as of 1/2/22
- 2) Molnupiravir EUA as of 1/2/22
- 3) Sotrovimab EUA as of 1/2/22
- 4) Lenze EJ, Mattar C, Zorumski CF, et al. Fluvoxamine vs Placebo and Clinical Deterioration in Outpatients With Symptomatic COVID-19: A Randomized Clinical Trial. *JAMA*. 2020;324(22):2292–2300. doi:10.1001/jama.2020.22760
- 5) Reis G, Dos Santos Moreira-Silva EA, Silva DCM, et al. Effect of early treatment with fluvoxamine on risk of emergency care and hospitalization among patients with COVID-19: the TOGETHER randomized, platform clinical trial. *Lancet Glob Health*. 2022 Jan;10(1):e42-e51. doi: 10.1016/S2214-109X(21)00448-4. Epub 2021 Oct 28. PMID: 34717820; PMCID: PMC8550952.
- 6) Gottlieb RL, Vaca CE, Paredes R, et al. Early remdesivir to prevent progression to severe Covid-19 in outpatients. *N Engl J Med*. DOI: 10.1056/NEJMoa2116846.