

Fluvoxamine

What Prescribers and Pharmacists Need to Know

Why is fluvoxamine used to treat COVID-19?

The consequences of COVID-19 that lead to poor outcomes, including hospitalization, invasive ventilation, and death, are in large part due to inflammation.

Fluvoxamine is an SSRI (selective serotonin reuptake inhibitor) typically used to treat depression and anxiety. It affects the sigma-1 receptor that controls inflammation and may reduce inflammation in COVID-19. Fluvoxamine is more anti-inflammatory than other SSRIs (i.e., this is not expected to be a class effect).

Fluvoxamine should not replace outpatient therapies with a higher likelihood of effect, such as sotrivomab and remdesivir. If patients are eligible for and can access these agents, they should be used preferentially.

What is the benefit of fluvoxamine for COVID-19?

Two studies (STOP-COVID 1¹ and the TOGETHER² trials) have shown a benefit from treatment with fluvoxamine in adult outpatients with PCR-proven COVID-19 who were less than 7 days from onset of symptoms. The studies suggest **fluvoxamine may reduce ER visit length, hospitalization, and disease progression.**

Research on fluvoxamine was done before widespread immunization and before the Delta and Omicron variants were circulating. However, with the anticipated impact of surging Omicron cases on the healthcare system, the Ontario Science Advisory Table has made a conditional recommendation for the use of fluvoxamine in patients with COVID-19 who are not on supplemental oxygen.³

What are other recommended outpatient treatments for COVID-19?

Sotrivomab

Anti-SARS-CoV-2 neutralizing monoclonal antibodies such as sotrivomab have been shown to benefit patients without immunity to COVID-19 (vaccine or disease-induced) who are within 7 days of symptom onset.⁴ The evidence of benefit for sotrivomab in patients with COVID-19 not on supplemental oxygen is more certain than the evidence for fluvoxamine.

Remdesivir

Remdesivir is a direct-acting antiviral agent that has been shown to reduce the risk of COVID-19-related hospitalization and death in patients who are within 7 days of symptom onset and have risk factors for disease progression.⁵ Remdesivir impacts outcomes that are likely more important to more patients than fluvoxamine (e.g., shorter time to recovery).

Budesonide

The inhaled corticosteroid budesonide has been shown to shorten duration of symptoms for high risk outpatients with COVID-19.⁶ It has not been shown to reduce the risk of hospitalization or other serious outcomes.

How do I dose fluvoxamine for treatment of COVID-19?

- 1** Start with 50 mg PO once daily, preferably at bedtime.
- 2** If the drug is well tolerated, increase the dose to 100 mg PO BID on day 2. If the drug is less well tolerated, consider a dose of 50 mg PO BID on day 2, and increase the dose to 100 mg PO BID on day 3.
- 3** If the patient was on another SSRI/SNRI* before switching to fluvoxamine, and they were at or near the maximum dose, increase the dose to 150 mg PO BID.
*Selective serotonin reuptake inhibitor / serotonin-norepinephrine reuptake inhibitor
- 4** Continue therapy for a total of 10 to 15 days.

Fluvoxamine has many drug interactions. Refer to page 2 →

¹ <https://clinicaltrials.gov/ct2/show/NCT04343898>

² <https://www.togethertrial.com/flv>

³ Clinical practice guideline summary: recommended drugs and biologics in adult patients with COVID-19. Ontario COVID-19 Science Advisory Table. 2021; Version 7.0. <https://doi.org/10.47326/ocsat.cpg.2022.7.0>

⁴ <https://www.nejm.org/doi/full/10.1056/NEJMoa2107934>

⁵ <https://www.nejm.org/doi/full/10.1056/nejmoa2007764>

⁶ [https://www.thelancet.com/article/S2213-2600\(21\)00160-0/fulltext](https://www.thelancet.com/article/S2213-2600(21)00160-0/fulltext)

