MOH-ACE COVID-19 RAPID REVIEW Updated 28 April 2020. First published 25 March 2020.

Should favipiravir be used for COVID-19?

This write-up summarises a rapid evidence review of favipiravir for treating COVID-19. The information may be revised as new evidence emerges.

Background

A news article titled "Japanese flu drug 'clearly effective' in treating coronavirus, say China" was published in the Guardian on 18 Mar 2020. Favipiravir (brand name Avigan), an antiviral drug, is a new type of RNA-dependent RNA polymerase (RdRp) inhibitor which can block the replication of RNA viruses and may have antiviral action against SARS-CoV-2.

It was approved in Japan in 2014 for the treatment of novel or re-emerging pandemic influenza virus infections. Use is limited to cases in which other influenza antiviral drugs are not sufficiently effective because favipiravir was only investigated in non-clinical studies in avian influenza A (H5N1 and H7N9), and efficacy against seasonal influenza A or B has not been sufficiently demonstrated.³

Clinical evidence

There are two published trials for favipiravir for the treatment of COVID-19:

- An open-label, non-randomised trial in Shenzhen (N=80)⁴ examined the efficacy of favipiravir (n=35) versus lopinavir/ritonavir (n=45) for treating COVID-19. Significantly shorter viral clearance time (primary endpoint) was found for favipiravir versus lopinavir/ritonavir (median 4 days versus 11 days; p<0.001). Patients receiving favipiravir also showed significant improvement in chest imaging compared with those receiving lopinavir/ritonavir, with an improvement rate of 91.43% versus 62.22% (p = 0.004). Fewer adverse reactions were reported for favipiravir (11.43%) compared to lopinavir/ritonavir (55.56%) (p<0.01).
- An open-label, randomised trial in Wuhan (N=240)⁵ examined the efficacy of favipiravir (n=120) versus arbidol (n=120) for treating COVID-19. There was no difference in the 7-day clinical recovery rate (primary endpoint) for favipiravir versus arbidol in the overall population (61.21% versus 51.67%; p=0.14). However, for a sub-population of non-critical patients without hypertension or diabetes, the 7-day clinical recovery rate was significantly better with favipiravir (71.43%; 70/98) versus arbidol (55.86%; 62/111) (p = 0.02).

According to other media reports:

- A Japanese health ministry source suggested that favipiravir was not as effective in patients with more severe symptoms, from their clinical studies of 70 to 80 participants.¹
- One medical centre in South Korea started administration of favipiravir on 22 February and, while the drug has not been approved for treating COVID-19, the Ministry of Food and Drug Safety (MFDS) in South Korea is considering a fast-track approval to import favipiravir.⁶

Two large international trials were completed on favipiravir for the treatment of uncomplicated influenza (NCT02008344⁷; NCT02026349⁸); however, no results have been published in scientific journals. Favipiravir was also trialed for treating Ebola virus, although there was no evidence that favipiravir monotherapy was effective.⁹

Planned or ongoing clinical trials of favipiravir for the treatment of COVID-19 are summarised in Table 1.





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Table 1: Ongoing or planned studies for favipiravir in patients with COVID-19

Study identifier	Study Design (Location)	Intervention	Comparator	Date of primary completion
NCT04303299 ¹⁰	OL, R (Thailand)	Lopinavir/darunavir + ritonavir + favipiravir +/- chloroquine	Placebo	October 2020
NCT04310228 ¹¹ , ChiCTR2000030894 ¹²	OL, R, MC (China)	Favipiravir +/- tocilizumab	Tocilizumab	May 2020
NCT04319900 ¹³ , ChiCTR2000030987 ¹⁴	R, DB (China)	Favipiravir +/- chloroquine	Placebo	April 2020
NCT04333589 ¹⁵	R, OL, MC (China)	Favipiravir	Standard treatment (treatment other than chloroquine, hydroxychloroquine, arbidol and colomycin)	June 2020
Fujifilm Tomoya Chemical Co. Ltd. ¹⁶	phIII (Japan)	Favipiravir	Not reported	Not reported
ChiCTR2000030113 ¹⁷	R (China)	Favipiravir	Lopinavir + ritonavir	May 2020^
ChiCTR2000029600 ¹⁸	NR (China)	Favipiravir +/- lopinavir + ritonavir	Interferon alpha atomization +/- lopinavir + ritonavir	April 2020^
ChiCTR2000029548 ¹⁹	OL, R (China)	Favipiravir:	Baloxavir marboxil or lopinavir + ritonavir	June 2020^
NCT04346628 ²⁰	OL, R (US)	Favipiravir	Standard treatment	April 2021
ChiCTR2000029544 ²¹	R (China)	Favipiravir	Baloxavir marboxil	May 2020
ChiCTR2000029996 ²²	R, OL (China)	Favipiravir (high, middle and low dosage)	-	April 2020
NCT04345419 ²³	R, SB (Egypt)	Favipiravir	Chloroquine or nitazoxanide or ivermectin or niclosamide	December 2029
NCT04349241 ²⁴	R, OL (Egypt)	Favipiravir	Standard treatment	October 2020
NCT04351295 ²⁵	R, OL (Egypt)	Favipiravir	Placebo	December 2030
NCT04356495 ²⁶	R (France)	Favipiravir	Hydroxychloroquine or imatinib or telmisartan	July 2020
NCT04336904 ²⁷	R, DB (Italy)	Favipiravir	Placebo	July 2020

Abbreviations: MC, multicentre; OL, open label; R, randomised; DB, double blind; phIII, phase III; NR, non-randomised; SB, single blind; ^study completion date

Recommendations from professional bodies

No FDA-approved drugs have demonstrated safety and efficacy in randomised controlled trials for patients with COVID-19.28, 29 World Health Organization (WHO), UK National Health Service (NHS) and Australian health authorities have not provided any advice on the use of favipiravir. It is also not included in the 7th edition of Chinese Guidelines for the Prevention, Diagnosis, and Treatment of Novel Coronavirus-induced Pneumonia for tentative treatment of COVID-19.2, 30

In Singapore, the National Centre for Infectious Diseases (NCID) notes there are no proven or licensed therapies for any coronavirus infection. In interim treatment guidelines for COVID-19, NCID does not recommend favipiravir for routine treatment of COVID-19 due to the absence of good quality peerreviewed data supporting its use.³¹ The Pharmaceutical Society of Singapore (PSS)³² notes that several interventions (including favipiravir) are undergoing clinical trials.

Conclusion

Given that the published evidence for favipiravir is limited, further investigation is needed to conclude its efficacy and safety for treating patients with COVID-19. Nine clinical trials are planned and are likely to report results in the months ahead. These findings will determine whether favipiravir should be used more widely in this setting. Currently, no international professional bodies recommend the use of favipiravir for the treatment of COVID-19.





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