Table 7d. Characteristics of Miscellaneous Drugs

Last Updated: October 10, 2023

- The information in this table is derived from data on the use of these drugs for FDA-approved indications or in investigational trials. It is supplemented with data on the use of these drugs in patients with COVID-19, when available.
- For dose modifications for patients with organ failure or those who require extracorporeal devices, please refer to product labels or EUAs, when available.
- There are currently not enough data to determine whether certain medications can be safely coadministered with therapies for the treatment of COVID-19. When using concomitant medications with similar toxicity profiles, consider performing additional safety monitoring.
- The potential additive, antagonistic, or synergistic effects and the safety of using certain combination therapies for the treatment of COVID-19 are unknown. Clinicians are encouraged to report AEs to the FDA *MedWatch* program.
- For drug-drug interaction information, please refer to product labels and visit the Liverpool COVID-19 Drug Interactions website.
- For the Panel's recommendations on using the drugs listed in this table, please refer to the drug-specific sections of the Guidelines, Therapeutic Management of Nonhospitalized Adults With COVID-19, and Therapeutic Management of Hospitalized Adults With COVID-19.

Dosing Regimens	Adverse Events	Monitoring Parameters	Drug-Drug Interaction Potential	Comments
Fluvoxamine *There is insufficient evidence for the Panel to recommend either for or against its use.*				
Doses for COVID-19 in Clinical Trials • Fluvoxamine 50 mg twice daily • Fluvoxamine 100 mg twice daily • Fluvoxamine 100 mg 3 times daily	• Nausea • Diarrhea • Dyspepsia • Asthenia • Insomnia • Somnolence • Sweating • Suicidal ideation (rare)	• Hepatic function • Drug-drug interactions • Withdrawal symptoms during dose tapering	• CYP2D6 substrate • Fluvoxamine inhibits several CYP isoenzymes (CYP1A2, CYP2C9, CYP3A4, CYP2C19, CYP2D6). • Coadministration of tizanidine, thioridazine, alosetron, or pimozide with fluvoxamine is **contraindicated**.	• Fluvoxamine may enhance anticoagulant effects of antiplatelets and anticoagulants; consider additional monitoring when these drugs are used concomitantly with fluvoxamine. • The use of MAOIs concomitantly with fluvoxamine or within 14 days of treatment with fluvoxamine is **contraindicated**.

Dosing Regimens	Adverse Events	Monitoring Parameters	Drug-Drug Interaction Potential	Comments
Intravenous Immunoglobulin *Primarily used for the treatment of MIS-C. Currently under investigation in clinical trials.*				
Dose for MIS-C • 1 dose of IVIG 2 g/kg IBW (up to a maximum total dose of 100 g) IV • In the event of cardiac dysfunction or fluid overload, consider dividing the dose (IVIG 1 g/kg IBW/dose IV every 24 hours for 2 doses).	• Allergic reactions, including anaphylaxis • Renal failure • Thrombotic events • Aseptic meningitis syndrome • Hemolysis • TRALI • Transmission of infectious pathogens • AEs may vary by formulation. • Risk and severity of AEs may increase with high dose or rapid infusion.	• Transfusion-related reactions • Vital signs at baseline and during and after infusion • Renal function; discontinue treatment if renal function deteriorates.	• Not a CYP substrate; no drug-drug interactions expected	• Rapid infusion should be avoided in patients with renal dysfunction or who are at risk of thromboembolic events.
Metformin *There is insufficient evidence for the Panel to recommend either for or against its use in nonhospitalized patients. Not recommended by the Panel for use in hospitalized patients, except in a clinical trial.*				
Doses for COVID-19 in Clinical Trials • Immediate-release metformin 500 mg PO on Day 1, 500 mg twice daily on Days 2–5, and 500 mg in morning and 1,000 mg in evening on Days 6–14 • Extended-release metformin 750 mg PO twice daily for 10 days	• Diarrhea • Nausea and vomiting • Headache • Lactic acidosis	• Renal function • Hepatic function • Drug-drug interactions • Alcohol use disorder	• OCT1 and OCT2 substrate • Drugs that interfere with OCT systems (e.g., cimetidine, dolutegravir, ranolazine, vandetanib) could increase systemic exposure to metformin. • Concomitant use with carbonic anhydrase inhibitors (e.g., acetazolamide, topiramate, zonisamide) may increase the risk of lactic acidosis.	• Alcohol intake may increase the risk of lactic acidosis.

Key: AE = adverse event; CYP = cytochrome P450; EUA = Emergency Use Authorization; FDA = Food and Drug Administration; IBW = ideal body weight; IV = intravenous; IVIG = intravenous immunoglobulin; MAOI = monoamine oxidase inhibitor; MIS-C = multisystem inflammatory syndrome in children; OCT = organic cation transporter; the Panel = the COVID-19 Treatment Guidelines Panel; PO = oral; TRALI = transfusion-related acute lung injury