Aviptadil (Lexi-Drugs)

Special Alerts

**COVID-19 Important Updates** August 2020

FDA has issued an emergency use IND authorization and expanded access protocol for aviptadil for the treatment of patients with COVID-19 and acute respiratory failure. The expanded access protocol allows for aviptadil to be distributed in the United States and administered intravenously by health care providers, as appropriate, to treat COVID-19 patients with acute respiratory failure (see [https://www.neurorxpharma.com/our-services/usa-licensed-physicians](https://www.neurorxpharma.com/our-services/usa-licensed-physicians)).

Further information may be found at:


Pharmacologic Category

*Synthetic Vasoactive Intestinal Peptide*

Dosing: Adult

**Note:** The FDA issued an emergency use investigational new drug (IND) authorization and expanded access protocol for aviptadil for the treatment of coronavirus disease 2019 (COVID-19) patients with acute respiratory failure. The expanded access protocol allows for aviptadil to be distributed in the US and administered intravenously by health care providers, as appropriate, to treat COVID-19 patients with acute respiratory failure ([https://www.neurorxpharma.com/our-services/usa-licensed-physicians](https://www.neurorxpharma.com/our-services/usa-licensed-physicians)). In addition, other phase II/II multicenter clinical trials are currently ongoing and enrolling in medical centers across the US (see [ClinicalTrials.gov](https://clinicaltrials.gov)). Dosing will be provided after clinical trials have demonstrated efficacy.

Dosing: Pediatric

**Note:** The FDA issued an emergency use investigational new drug (IND) authorization and approved an expanded access protocol for aviptadil for the treatment of coronavirus disease 2019 (COVID-19) patients with acute respiratory failure. The expanded access protocol allows for aviptadil to be distributed in the United States and administered intravenously by health care providers, as appropriate, to treat COVID-19 patients ≥12 years of age with acute respiratory failure ([ClinicalTrials.gov](https://clinicaltrials.gov)) (NeuroRx 2020; NIH 2020b). Current manufacturer protocol should be used for specific dosing information.

Use: Labeled Indications

See Off-label uses.

Use: Off-Label: Adult
Coronavirus disease 2019 (COVID-19) Level of Evidence [C]

In vitro and animal studies demonstrate the activity of aviptadil against coronaviruses (eg, severe acute respiratory syndrome coronavirus [SARS-CoV], SARS-CoV-2, and potential decrease in pulmonary inflammation (Ref Javitt 2020; Temerozo 2020). A case series describes clinical improvement after receiving intravenous aviptadil in patients with acute respiratory failure due to coronavirus disease 2019 (COVID-19); however, no conclusions about the safety and efficacy of aviptadil can be made until randomized, controlled clinical trials are performed (Ref Youssef 2020). Aviptadil is currently in phase II/III clinical trials to include patients with acute respiratory failure due to COVID-19 (Ref NIH 2020a; NIH 2020b).

Prescribing and Access Restrictions

Aviptadil is not commercially available in the United States; however, it is currently available in other countries to treat other medical conditions. Aviptadil can be obtained through an expanded access (via several ongoing clinical trials) or compassionate use for the treatment of coronavirus disease 2019 (COVID-19) from the manufacturer. Expanded access request forms must be submitted to NeuroRx by the patient’s treating physician (https://www.neurorxpharma.com/our-services/usa-licensed-physicians/); requests are assessed on an individual basis and require the patient to be hospitalized with confirmed infection with significant clinical manifestations (eg, respiratory failure) (NeuroRx 2020; NIH 2020b). In addition, other phase II/III multicenter clinical trials sponsored by NeuroRx are currently ongoing and enrolling in medical centers across the United States (NIH 2020a).

Pregnancy Considerations

Aviptadil is under investigation for the treatment of acute respiratory failure due to coronavirus disease 2019 (COVID-19). Pregnant patients are currently excluded from clinical trials but may be eligible for open label treatment under compassionate use (NIH 2020a).

The risk of severe illness from COVID-19 infection is increased in pregnant patients. Pregnancy is considered a high-risk medical condition by the Centers for Disease Control and Prevention (CDC) (ACOG 2020). Information related to the treatment of COVID-19 during pregnancy continues to emerge; refer to current guidelines for the treatment of pregnant patients.


Data collection to monitor maternal and infant outcomes following exposure to COVID-19 during pregnancy is ongoing. Health care providers are encouraged to enroll females exposed to COVID-19 during pregnancy in the Organization of Teratology Information Specialists pregnancy registry (877-311-8972; https://mothertobaby.org/join-study/) or the PRIORITY (Pregnancy CoRonavIrus Outcomes RegIStRy) (1-415-754-3729; https://priority.ucsf.edu/).

Adverse Reactions

Aviptadil is currently under investigation for use in the treatment of coronavirus disease 2019 (COVID-19) (see ClinicalTrials.gov). At this time, safety data are limited.
Frequency not defined:

Cardiovascular: Bigeminy (Javitt 2020), flushing (Javitt 2020), hypotension (Javitt 2020; Youssef 2020), tachycardia (Javitt 2020)

Gastrointestinal: Diarrhea (Javitt 2020; Youssef 2020)

Metabolism/Transport Effects

None known.

Drug Interactions Open Interactions

There are no known significant interactions.

Mechanism of Action

Aviptadil is a synthetic vasoactive intestinal peptide (VIP) that binds uniquely to receptors on alveolar type II cells in the lung, the same cells that bind the severe acute respiratory syndrome coronavirus (SARS-CoV-2) via their angiotensin-converting enzyme 2 receptors. VIP protects those cells and the surrounding pulmonary epithelium by blocking cytokines, preventing apoptosis, and upregulating the production of surfactant (Javitt 2020).

Pharmacodynamics/Kinetics

Distribution: Vd: 14 mL/kg.

Half-life elimination: Plasma: ~1 to 2 minutes.

Excretion: Renal (35% within 4 hours, 90% within 24 hours).

References


Javitt J. Investigator’s brochure: RLF-100 solution for infusion. NeuroRx Inc; March 2020.


Temerozo JR, Sacramento CQ, Fintelman-Rodrigues N, et al. The neuropeptides VIP and PACAP inhibit SARS-CoV-2 replication in monocytes and lung epithelial cells, decrease the production of proinflammatory cytokines, and VIP levels are associated with survival in severe Covid-19 patients.


Last Updated 1/22/21

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