Focused Covid Communication

Doctors, scientists, pharmacists, and patients in Canada made this guide.

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FREQUENTLY ASKED QUESTIONS

TREATMENT OPTIONS for Mild COVID-19

We used information from Health Canada and published research to make this guide.

What is "mild" COVID-19?

Mild COVID-19 means that you have tested positive for COVID-19 and have symptoms, but you are **not sick enough to need** extra oxygen. Symptoms of mild COVID-19 can include a cough, sore throat, headache, runny or stuffy nose, nausea, diarrhea, muscle aches, fever, low energy, and/or a change in taste or smell. You can feel quite sick with mild COVID-19. Mild COVID-19 can quickly become more severe.

What drugs can be used to treat mild COVID-19?

There are three drugs that can be used for mild COVID-19. One or more may be recommended for you:

Nirmatrelvir/Ritonavir (Paxlovid™)
An antiviral drug taken by mouth in pill form. It stops the COVID-19 virus from making copies of itself.

Remdesivir (Veklury®)
An antiviral drug given intravenously. It stops the COVID-19 virus from making copies of itself.

Budesonide (Pulmicort®)
A common inhaled anti-inflammatory (steroid) drug, often used to treat asthma or COPD.

Are COVID-19 drugs recommended for me?

If you are at higher risk of hospitalization from COVID-19, treatment may be recommended for you. Treatments are not recommended for everyone with mild COVID-19. We do not know yet if people who have a lower risk of hospitalization from COVID-19 will benefit from these drugs. Talk to your doctor or healthcare provider. They can give advice for your situation.

You may be at higher risk of hospitalization if you:

- Are unvaccinated or have only 1 or 2 vaccine doses
- Last booster dose/confirmed COVID-19 infection was 6+ months ago
- Are over 60 years old
- Are pregnant
- Have a weakened immune system
  This includes people who have specific health conditions (e.g., common variable immunodeficiency [CVID]) or who take certain drugs that affect the immune system (e.g., chemotherapy)
- Have other health risks
  Examples of health conditions include obesity, diabetes, lung disease, heart disease, liver disease, kidney disease, cerebral palsy, intellectual disability (e.g., Down syndrome), and sickle cell disease.

Health Canada is responsible for approving treartments for COVID-19. You can find more information about COVID-19 treatments here:
https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/treatments.html

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- **Do I need to have a positive COVID-19 test to get treatment?**
  Yes. A test is needed to confirm that you have COVID-19. A PCR test (polymerase chain reaction) is preferred. Rapid antigen tests (RAT) may also be used (in-person or at home).

- **I have tested positive but I don't have symptoms. Would I benefit from treatment?**
  No. Mild COVID-19 is treated to prevent it from becoming severe. If you do not have any symptoms, it is unlikely you will develop severe COVID-19.

  If you develop symptoms after becoming positive, you should be assessed for treatment. However, if your symptoms are improving, treatment might not be recommended.

- **How soon does treatment need to start after my symptoms begin?**
  Paxlovid™ needs to be started within 5 days of the start of your symptoms. Remdesivir and budesonide should be started within 7 days.

- **Where can I get these treatments? How much do they cost?**
  Drugs like Paxlovid™ and remdesivir are currently available for free. In many parts of Canada, you can get Paxlovid™ through a COVID-19 testing centre, primary care provider, pharmacy, clinic, or hospital. Remdesivir is given in an infusion centre or a hospital clinic. Budesonide can be prescribed by a primary care provider and filled at your pharmacy. There may be a fee for budesonide, depending on your prescription drug coverage.

- **How well do these drugs work?**
  These drugs have been shown to be helpful for people at higher risk of needing to be treated in hospital.

  Paxlovid™ was studied in unvaccinated people who had other health conditions. In the study, people were given Paxlovid™ within 5 days of their first COVID-19 symptoms. Paxlovid™ lowered the risk of needing to be treated in hospital or dying by 88%.[1] Real world data also shows Paxlovid may help other people at high risk of severe COVID-19.[2]

  Remdesivir was studied in people who had mild COVID-19 and at least one risk factor for needing to be treated in hospital. When given within 7 days of first COVID-19 symptoms, remdesivir lowered the risk of needing to be treated in hospital or dying by 87%.[3]

  The budesonide inhaler did not lower the risk of needing hospital care, but it did help people's symptoms improve more quickly. It may be prescribed with Paxlovid or remdesivir.[4]

- **Are COVID-19 treatments recommended for children?**
  We do not know if these drugs will lower the risk of hospitalization for children. Children who have severely weakened immune systems might benefit from treatment. Families of such children should talk to their medical teams.

- **Are COVID-19 treatments recommended for pregnant people?**
  Yes. COVID-19 infections during pregnancy are linked to much higher rates of hospitalization and premature birth.[5] COVID-19 treatments are recommended for pregnant people who are at higher risk of severe illness. This includes pregnant people who are not up-to-date with vaccines and pregnant people with other health risks.*

  *See **higher risk of hospitalization** box on page 1 for a list of health risks.

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- **What are the side effects of treatment?**

  Each drug has different side effects. Your prescriber will give you information about what to expect. Examples of some common side effects include:

Nirmatrelvir/Ritonavir (Paxlovid™)	Remdesivir (Veklury®)	Budesonide (Pulmicort®)
Funny taste in the mouth, nausea, and diarrhea	Warmth or pain at the injection site, rash, headache, and nausea	Cough, throat irritation, thrush, and hoarse voice

- **Is it safe to take these drugs with my other prescriptions?**

  It is important to review all drugs that you use with your prescriber and pharmacist. This includes natural health products like St. John's wort and drugs like fentanyl. Paxlovid™ can interact with many drugs. You may need to change your regular medications for a short period. Remdesivir and budesonide have fewer drug interactions.

- **I live in a rural or remote community. Can I still get treatment?**

  Yes. If you have a higher risk of developing severe COVID-19, and you live a long distance from a hospital or COVID-19 testing centre, it is even more important that you ask about treatment for mild COVID-19. If you live in a rural or remote community, you may be assessed over the phone and treatment may be mailed to you to take at home.

- **Why are COVID-19 treatments recommended for people who are not up-to-date with vaccines doses?**

  People unvaccinated or partially vaccinated are at higher risk of severe illness. For people who have risk factors for severe COVID-19 (such as being 60 years or older), the risk of a severe infection starts to increase again 6 months after your last COVID-19 infection or vaccination.

  We do not know if these drugs will benefit most people who have had all recommended vaccines. For most vaccinated people who don't have risks for severe illness, the risks of side effects and drug interactions may be greater than the benefits of treatments.

Stay up-to-date with vaccine doses and use public health measures to protect yourself from becoming seriously ill or dying from COVID-19.

https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/vaccines/how-vaccinated.html

[1] Hammond J, Leister-Tebbe H, Gardner A, et al. Oral Nirmatrelvir for High-Risk, Nonhospitalized Adults with Covid-19. New Engl J Med 2022. DOI: 10.1056/NEJMoa2118542. https://www.nejm.org/doi/full/10.1056/NEJMoa2118542

[2] Ontario Health. Recommendation on the Use of Nirmatrelvir/Ritonavir (Paxlovid). Dec 8, 2022. https://www.ontariohealth.ca/sites/ontariohealth/files/2022-12/OntarioHealthRecommendationUseOfNirmatrelvirRitonavir-Paxlovid.pdf

[3] Gottlieb RL, Vaca CE, Paredes R, et al. Early Remdesivir to Prevent Progression to Severe Covid-19 in Outpatients. New Engl J Med 2022; 386: 305-315. DOI: 10.1056/NEJMoa2116846 https://www.nejm.org/doi/full/10.1056/NEJMoa2116846

[4] Yu L-M, Bafadhel M, Dorward J. Inhaled budesonide for COVID-19 in people at high risk of complications in the community in the UK (PRINCIPLE): a randomised, controlled, open-label, adaptive platform trial
Lancet 2021; 398 (10303):843-855. DOI:10.1016/S0140-6736(21)01744-X https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01744-X/fulltext#seccestitle170

[5] Poliquin V, Castillo E, Boucoiran I et al. SOGC statement on COVID-19 vaccination in pregnancy. Mar 14, 2022. Available at: https://sogc.org/common/Uploaded%20files/Latest%20News/SOGC_Statement_COVID-19_Vaccination_in_Pregnancy.pdf

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