EIDD-1931

Treatment Protocol for Feline Infectious Peritonitis (FIP)

Extended Use Guidelines

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For internal use by clinical support and veterinary advisory teams only.

1. Standard Treatment Protocol — Summary

The standard EIDD-1931 treatment protocol for feline infectious peritonitis (FIP) is designed for the majority of presenting cases. This section provides a baseline reference against which extended use criteria are evaluated.

Parameter	Standard Protocol
Treatment Duration	**60 days**
Dosing Frequency	One pill every 12 hours (BID)
Dose Calculation	Based on body weight (kg); recalculate if weight changes >10%
Target Population	Adult cats (≥12 months), non-effusive or resolved effusive FIP, no significant comorbidities
Expected Outcome	Viral suppression sufficient for immune-mediated clearance post-treatment

For most adult cats presenting with FIP, the 60-day EIDD-1931 protocol achieves sustained viral suppression. Once viral load is controlled for this duration, the patient's immune system is typically capable of eliminating residual virus independently. This protocol remains the default recommendation for patients who do not meet the extended use criteria defined in Section 2.

2. Extended Use Protocol

Certain patient populations present elevated risk of treatment failure or relapse when treated under the standard 60-day protocol. In these cases, an extended treatment course of 84 days (12 weeks) is recommended to ensure complete viral clearance before cessation.

2.1 Clinical Rationale

EIDD-1931 achieves viral suppression through lethal mutagenesis of the FIPV RNA genome. However, antiviral therapy alone does not eliminate the virus. Final clearance depends on the patient's adaptive immune response — specifically T-cell–mediated destruction of residually infected cells.

In patients with compromised, immature, or suppressed immune function, the standard 60-day window may be insufficient for the immune system to complete this process. Premature cessation in these patients results in viral rebound, typically manifesting within 3–14 days as symptom recurrence.

The extended protocol adds 24 additional days of antiviral pressure, *allowing more time for immune reconstitution and viral clearance to occur concurrently with ongoing treatment.*

2.2 Eligibility Criteria

Extended treatment (84 days) is indicated when **one or more** of the following risk factors are present at the time of treatment initiation:

#	Risk Factor	Clinical Detail
1	**Age < 6 months**	Immature adaptive immune system; insufficient T-cell response to clear residual virus within 60 days of antiviral suppression.
2	**Effusive (Wet) FIP**	Pleural or abdominal effusion at diagnosis indicates high viral burden. Greater initial viral load requires longer suppression for immune clearance.
3	**Prior Corticosteroid Use > 7 Days**	Prolonged steroid exposure suppresses the immune response needed for post-antiviral viral clearance. Immune recovery timeline extends beyond the standard 60-day window.
4	**Body Weight < 2 kg at Initiation**	Low body weight correlates with developmental immaturity, reduced physiological reserves, and limited immune capacity. Often co-occurs with Factor 1.
5	**Slow Clinical Response**	Appetite, activity level, and respiratory function not normalized by Day 21 of treatment. Suggests higher viral persistence or compromised host response.

> ⚠ **Important: Stacking Risk Factors**
>
> Patients presenting with two or more risk factors should be considered strong candidates for the extended protocol. Multiple concurrent risk factors compound relapse probability.
>
> **Example:** A kitten under 6 months with effusive FIP and prior corticosteroid use (as in a typical emergency presentation) carries three overlapping risk factors. The 84-day protocol is strongly indicated.

2.3 Extended Protocol Parameters

Parameter	Extended Protocol
Treatment Duration	**84 days (12 weeks)**
Dosing Frequency	One pill every 12 hours (BID) — unchanged from standard
Dose Recalculation	Mandatory weight check and dose recalculation at Day 30 and Day 60
Bloodwork Monitoring	A:G ratio, total protein, and SAA at baseline, Day 42, and Day 78
Post-Treatment Watch	Active symptom monitoring for 21 days after final dose

2.4 Monitoring During Extended Treatment

The following markers should be tracked to assess treatment progress and inform cessation decisions:

Marker	Target / Trend	Clinical Significance
A:G Ratio	Trending toward ≥ 0.8	Rising A:G indicates resolving inflammation and reduced viral-driven globulin production.
Total Protein	Normalizing toward reference range	Elevated total protein (hyperproteinemia) is characteristic of active FIP. Normalization supports treatment efficacy.
SAA	Declining; ideally < 5 µg/mL	Serum amyloid A is the most sensitive acute-phase marker. Persistent elevation suggests ongoing viral activity.
Body Weight	Steady gain or stabilization	Weight loss during treatment warrants dose review and further investigation.
Clinical Signs	Appetite, activity, respiratory rate	Daily owner observation. Any regression should prompt veterinary consultation before Day 84.

2.5 Relapse After Standard Protocol — Restart Guidelines

If a patient relapses following a completed 60-day standard course, the following restart protocol applies:

1. **Resume EIDD-1931 immediately** at BID dosing, recalculated for current body weight.
2. **Treat for a full 84 days from the restart date.** Do not count prior treatment days. The relapse indicates insufficient viral clearance; the clock resets.
3. **Request baseline bloodwork** (A:G ratio, total protein, SAA) at restart and monitor per Section 2.4.
4. **Monitor for 21 days post-cessation.** Most relapses, if they occur, manifest within this window.

⚠ **Second Relapse — Combination Therapy Escalation**

If a patient relapses after a complete 84-day EIDD-1931 course, monotherapy failure should be considered. **Escalation to combination therapy (GS-441524 + EIDD-1931) is the recommended next step.**

Dual-agent therapy targets the virus through two independent mechanisms (lethal mutagenesis via EIDD-1931 and direct polymerase inhibition via GS-441524), reducing the probability of antiviral resistance. This approach is consistent with findings from UC Davis research on antiviral resistance in FIPV.

Refer to the GS-441524 + EIDD-1931 Combination Therapy Protocol (separate document) for dosing, monitoring, and duration guidelines.

3. Treatment Duration Decision Framework

Use the following decision logic to determine protocol assignment at treatment initiation:

	Assessment Question	Action
1	Is the patient under 6 months of age?	**If YES** → 84-day protocol
2	Does the patient present with effusive (wet) FIP — pleural or abdominal fluid confirmed?	**If YES** → 84-day protocol
3	Has the patient received corticosteroids for more than 7 consecutive days prior to antiviral initiation?	**If YES** → 84-day protocol
4	Is the patient's body weight below 2 kg at treatment initiation?	**If YES** → 84-day protocol
5	If none of the above: is the patient showing slow clinical response (appetite, activity, respiration not normalized by Day 21)?	**If YES** → Extend to 84 days
6	All answers NO: Patient is an adult cat (≥12 months), non-effusive or resolved presentation, no prolonged steroids, adequate weight, strong Day 21 response.	**Standard** 60-day protocol

Note: Factor 5 (slow clinical response) is assessed during treatment, not at initiation. If a patient initially assigned to the 60-day protocol meets this criterion at Day 21, the treating veterinarian should extend to 84 days at that point.

4. Applicability and Scope

This extended use protocol applies to all EIDD-1931 product lines distributed by the organization, including but not limited to MolnuFIP and CaliciX (where EIDD-1931 is the active pharmaceutical ingredient).

These guidelines are intended for use by:

- Clinical support teams responding to customer inquiries
- Veterinary advisors providing dosing and protocol guidance
- Product documentation and packaging insert development
- Customer-facing content on product websites and educational materials

These guidelines do not replace veterinary judgment. The treating veterinarian retains final authority over treatment decisions for individual patients. This document provides evidence-based recommendations to support — not override — clinical decision-making.

5. Revision History

Version	Date	Changes
1.0	2024	Initial release. Standard 60-day EIDD-1931 treatment protocol.
2.0	Mar 2026	Added Section 2 (Extended Use Protocol): risk-stratified 84-day treatment course for high-risk populations. Added Section 3 (Decision Framework). Updated monitoring parameters and relapse restart guidelines. Added combination therapy escalation pathway.

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