Xocova - Isolation, Quarantine, Masking, and Personal Protective Equipment (PPE) Considerations

This medical response contains information in addition to that provided in the XOCOVA® (ensitrelvir) tablets, for oral use Full Prescribing Information approved by the U.S. Food and Drug Administration (FDA). Shionogi does not recommend the use of XOCOVA in any manner other than as described in the Full Prescribing Information. **Please read the attached XOCOVA Full Prescribing Information.**

1. OVERVIEW

The **XOCOVA Full Prescribing Information** does not provide guidance regarding quarantine or isolation practices for individuals taking XOCOVA for post-exposure prophylaxis for COVID-19. Decisions regarding quarantine or isolation are at the discretion of the treating healthcare professional, taking into account applicable public health recommendations and individual patient factors.[1]

2. CLINICAL STUDIES

SCORPIO-PEP (Phase 3)

The SCORPIO-PEP phase 3 trial evaluated the safety and efficacy of XOCOVA in preventing symptomatic SARS-CoV-2 infection in household contacts (HHCs) of people who had symptomatic COVID-19 (index patient).[2]

- Household contact participants were monitored for COVID-19 development through Day 10, defined as having a positive central RT-PCR and ≥1 of the 14 symptoms of COVID-19 lasting at least 48 hours[2]
- To study the effects of ensitrelvir and placebo after exposure to an infected person (index patient), study participants (HHC) must have lived in/continued to live in a household with the index patient for the duration of the study, including shared common areas. Participants were enrolled within 72 hours of COVID-19 symptom onset in the index patient[3]
- SCORPIO-PEP did not include guidance regarding the following measures, and as such, there are no data available for the use of: masking practices, social distancing, quarantine, isolation measures, personal protective equipment, or other public health or social measures[2,3]
- For more information on study design and results from the SCORPIO-PEP study please see the **Appendix**[2,3]

3. RELEVANT PRESCRIBING INFORMATION

Indications and Usage

XOCOVA is indicated for post-exposure prophylaxis of coronavirus disease 2019 (COVID-19) in adults and adolescents 12 years of age and older following contact with an individual who has COVID-19.[1]

Contraindications

XOCOVA is contraindicated in patients with a history of clinically significant hypersensitivity reactions to ensitrelvir or any other components of the product.[1]

XOCOVA is contraindicated in patients taking drugs that are:

- Primarily metabolized by CYP3A for which elevated concentrations may be associated with serious and/or life-threatening reactions and
- Strong CYP3A inducers because they may significantly reduce ensitrelvir plasma concentrations, leading to the potential loss of virologic response[1]

Recommended Dosage

The recommended dosage of XOCOVA in adults and adolescents 12 years of age and older is 375 mg (three 125-mg tablets taken together) orally on Day 1 and 125 mg (one 125-mg tablet) orally on Days 2 to 5 with or without food.[1]

Begin XOCOVA as soon as possible and within 72 hours following contact with an individual who has COVID-19. The tablets should be taken at approximately the same time each day. If a dose of XOCOVA is missed, take the missed dose as soon as possible on the same day, and then take the next dose as scheduled the following day.[1]

Please read the attached XOCOVA **Full Prescribing Information**. The use of XOCOVA in any manner other than as described in the Full Prescribing Information approved by the U.S. Food and Drug Administration (FDA) is not recommended.

4. LITERATURE SEARCH

As of June 2026, a computerized search of the published medical literature using internal and external databases (eg, PubMed®) failed to identify any additional relevant references regarding information on isolation, quarantine, masking, and PPE considerations with XOCOVA.

Please keep in mind that medical literature databases, while considered a major source of biomedical information, are selective in their sources, and the information derived from it should not be considered all-inclusive.

ABBREVIATIONS

CI	confidence interval	PK	pharmacokinetic
COVID-19	coronavirus disease 2019	RR	relative risk
HHC	household contact	SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus-2
mITT	modified intention-to-treat	SCORPIO-PEP	Stopping COVID-19 progression with early protease inhibitor-post-exposure prophylaxis
PCR / RT-PCR	reverse transcription polymerase chain reaction	TEAEs	treatment-emergent adverse event
PEP	post-exposure prophylaxis	US	United States

REFERENCES

1. XOCOVA® (ensitrelvir) tablets, for oral use [Prescribing Information]. Shionogi Inc.
2. Hayden FG, Shinkai M, Clark TW, et al. Ensitrelvir for Covid-19 postexposure prophylaxis in household contacts. *N Eng J Med*. 2026;394(19):1905-1915. doi:10.1056/NEJMoa2509306.
3. Ensitrelvir Data on File 8. Shionogi Inc.

ENCLOSURE(S)
Xocova® (ensitrelvir) tablets, for oral use [Prescribing Information]. Shionogi Inc.

APPENDIX

SCORPIO-PEP (Global Phase 3 Study)

Study Design

SCORPIO-PEP is a completed Phase 3, multicenter, randomized, double-blind, placebo-controlled clinical study that evaluated the safety and efficacy of ensitrelvir in the prevention of symptomatic COVID-19 in COVID-negative (local test) household contacts (HHCs) living with COVID-19-positive (local test), symptomatic index patients, when compared to placebo. This study was conducted across the US, Japan, Vietnam, Argentina, and South America from June 2023 to September 2024.[2]

Ensitrelvir 375 mg was given orally once on Day 1 followed by ensitrelvir 125 mg orally once daily on Days 2-5 to HHCs in the active group while placebo was given to the control group.[2]

The primary endpoint was the proportion of HHCs in the mITT population (all randomized HHCs who were RT-PCR-negative for SARS-CoV-2 at baseline) with COVID-19 development through Day 10, defined as having a positive central RT-PCR and ≥1 of the 14 symptoms of COVID-19 lasting for more than 48 hours. This includes the worsening (higher symptom score than baseline) of preexisting COVID-19-like symptoms.[2]

Results

Baseline Characteristics

The total mITT population included 1030 HHCs treated with ensitrelvir, and 1011 HHCs given placebo. Baseline characteristics of the HHCs in both groups were similar. Majority of participants were in the US (67.2% and 67.6%, respectively). HHCs were enrolled <48 hours from symptom onset in the index patient in 71.1% and 71.2% of participants in the ensitrelvir and placebo groups, respectively. HHCs that were considered "high risk" made up 37.1% and 37.0% of the ensitrelvir and placebo groups, respectively.[2]

Efficacy Results

In the mITT population, a statistically significant risk reduction for COVID-19 was observed in the ensitrelvir group vs the placebo group at Day 10 (primary endpoint: 2.9% [30/1030] vs 9.0% [91/1011]; RR 0.33, 95% CI: 0.22–0.49, $P<0.0001$).[2]

Safety Results

Treatment-emergent adverse events (TEAEs) occurred in 15.1% (180/1190) and 15.5% (184/1187) of patients in the safety analysis set of the ensitrelvir and placebo groups, respectively.[2]