



FREQUENTLY ASKED QUESTIONS ABOUT FELINE INFECTIOUS PERITONITIS (FIP) AND TREATMENT WITH GS-441524

What quality and safety safeguards are available for GS-441524 compounded by Clearpoint Pharmacy?

Clearpoint Pharmacy sources the bulk GS-441524 API through a Canadian wholesaler that is GMP certified. The wholesaler is required to provide a Certificate of Analysis showing the purity of the supplied API. In addition, Clearpoint Pharmacy goes above and beyond pharmacy regulations by doing additional testing at a third party lab to ensure the highest quality compounded product.

Where is Clearpoint Pharmacy able to ship compounded GS-441524?

Clearpoint Pharmacy ships compounded GS-441524 throughout Canada. There is no charge for shipping.

Can cat owners arrange with the pharmacy to have their prescription shipped directly to them?

Yes. Compounded GS-441524 requires a valid prescription from a veterinarian. Veterinarians can provide the prescription directly to Clearpoint Pharmacy, or provide their clients with a paper prescription that the clients can send to Clearpoint Pharmacy. Clearpoint Pharmacy will then handle payment and shipping details directly with the cat owner and ship the prescription directly to them.

Can veterinarians order GS-441524 to keep as office stock?

Yes.

What is the shelf life of GS-441524 oral forms, liquid oral suspension, tablets, and capsules compounded by Clearpoint Pharmacy?

6 months

DIAGNOSIS OF FIP

Are feline coronavirus antibody tests a reliable diagnostic tool?

No. These tests are not specific to FIP, and most cats will have antibodies to FCoV through natural infection with FCoV or vaccination. In addition, negative antibody test results do not rule out FIP, since as many as 10% of cats with FIP do not have anti-FCoV antibodies. AAFP FIP diagnosis guidelines do not recommend antibody testing in serum, plasma or any other fluid as a diagnostic for FIP.

Can you start treatment for FIP with GS-441524 before a definitive diagnosis?

Yes, when used as part of a treatment trial to aid in diagnosis. In cases where a definitive diagnosis of FIP is not possible (because further diagnostics are not feasible or for financial or practical reasons) a trial treatment with GS-441524 at the recommended dosages can be commenced, using objective measures to evaluate response and identify improvement.



Most cats should see marked improvement within 2-5 days, although a small number of cats may require up to 10 days. If a positive response to treatment with GS-441524 is seen, treatment should be continued. Failure to improve on an adequate dosage of GS-441524 indicates that alternative diagnoses should be considered and investigated.

GENERAL QUESTIONS ABOUT TREATING FIP WITH GS-441524

Should GS-441524 be used to treat FCoV/FECV in cats that are not symptomatic for FIP?

No. Antiviral treatment should be reserved for cats diagnosed with FIP. Attempting to treat FCoV/FECV is unlikely to be successful in the long term and may encourage drug resistance and the creation and spread of viral strains that are antiviral-resistant, reducing or preventing the effectiveness of those antiviral drugs against FIP.

For further discussion of the risks of antiviral resistance we recommend this Worms and Germs blog post by Dr. Scott Weese:

Antiviral Resistance in Cats, Part 1: FIP Drugs | Worms & Germs Blog & Antiviral Resistance in Cats, Part 2: GS-441524 | Worms & Germs Blog

[Antiviral Resistance in Cats, Part 1: FIP Drugs | Worms Germs Blog https://www.wormsandgermsblog.com/2025/03/articles/animals/cats/antiviral-resistance-in-cats-part-1-fip-drugs/](https://www.wormsandgermsblog.com/2025/03/articles/animals/cats/antiviral-resistance-in-cats-part-1-fip-drugs/) and

[Antiviral Resistance in Cats, Part 2: GS-441524 | Worms & Germs Blog https://www.wormsandgermsblog.com/2025/04/articles/animals/cats/antiviral-stewardship-in-cats-pt2-gs-441524/](https://www.wormsandgermsblog.com/2025/04/articles/animals/cats/antiviral-stewardship-in-cats-pt2-gs-441524/)

Can oral, compounded GS-441524 be used for treating all forms of FIP in cats?

Yes. Oral compounded GS-441524 can be used and has been shown to be effective for treating all forms and presentations (wet, dry, neurological, ocular, etc.).

If a cat has begun treatment on a black-market product, can they transition to using compounded GS-441524?

Yes. It is recommended that cats using black market FIP treatments transition to compounded GS-441524 as soon as possible. When transitioning, take care to dose the compounded product according to the dosage guidelines as contained in the pharmacy product information sheet. Do not use black market product dosages/recommendations for legitimately compounded GS-441524 as black market product labeling is often incorrect.

When should oral vs. injectable FIP treatment be used?

FIP cats can be successfully treated with oral GS-441524 beginning on day one of treatment. Injectable treatment is only needed in rare circumstances such as:

- Severe neurological symptoms/inability to swallow
- Severely dehydrated or critically ill cats
- Cats that cannot be safely medicated orally

If injectable medication is required, Remdesivir can be prescribed for intravenous or subcutaneous administration. Typically it is only used for a few days until the cat can transition to oral treatment.

Can pregnant cats safely undergo FIP treatment?

Pregnant and nursing cats with FIP can safely be treated with GS-441524.





FIP TREATMENT PROTOCOLS

What is the length of treatment for FIP with GS-441524?

As of April 2025, nearly all FIP treatment data, published response rates and outcomes are for cats treated for 12 weeks. Recent research suggests that shorter treatment durations may be possible for some cats with effusive FIP whose clinical, haematological and biochemical parameters returned to normal within 28 days. A larger cohort study is currently underway. Until there is further data, a 12 week treatment duration remains recommended for most cats.

Dosing recommendations reference both q12h and q24 hour dosing. Which is preferred?

Splitting the daily dose and giving half every 12 hours appears to result in more optimal serum levels of GS-441524, however if a cat is challenging to medicate, or the owner's schedule does not permit giving a dose every 12 hours, once daily treatment is acceptable as long as they are responding well to treatment.

FIP TREATMENT QUESTIONS

What should be done if a cat (previously without ocular/neurological symptoms) develops ocular or neurological symptoms during treatment?

This indicates that a higher dose is needed. Raise the dose as indicated in the dosing guidelines (ie. 15-20 mg/kg/day for ocular symptoms, and 10 mg/kg BID or 20 mg/kg/day for neurological presentations) or if the cat is already receiving the recommended dosages, raise the dose in increments of 5-10 mg/kg/day and move to dosing twice per day (splitting the daily dose) if possible. Note that cats presenting with new ocular or neurological symptoms may also need symptomatic care (e.g. anticonvulsants, topical ophthalmic medications) as indicated by the presenting symptoms.

What should be done if a cat misses a dose?

If a cat misses a dose, the caregiver should give it as soon as they remember. However, if the next scheduled dose is due soon, they should skip the missed dose and continue with the regular dosing schedule.

Should cats diagnosed with FIP be quarantined?

It is not considered necessary to quarantine a cat who has been diagnosed with FIP as horizontal transmission of the mutated FIP virus is considered extremely uncommon, if it happens at all. Studies have confirmed that even in cases where cats in close contact with each other developed FIP, the virus mutated independently from FECV within each cat rather than horizontal transmission of the mutated FIP virus.

That said, research has shown that FIPV is present in the feces of some cats with FIP, which does make horizontal transmission theoretically possible. However, research has also shown that even when the mutated virus is shed, it does not seem very contagious.



Is it safe to vaccinate a cat during treatment? What about post-treatment?

There is no study data available regarding routine vaccination during or after FIP treatment. Current clinical experience indicates that vaccinations can be given as recommended for the cat based on environment and risk during or after FIP treatment as long as the cat is doing well clinically.

Once treatment has ended there is no known reason that a cat cannot be vaccinated. As a practical matter however, since relapses are more likely to reveal themselves in the first few weeks following cessation of treatment, it may be wise to avoid vaccines immediately following treatment simply to prevent confusion of any vaccine reaction or stress reaction with an FIP relapse.

Can a cat undergoing FIP treatment be spayed/neutered? What about other surgeries?

Ideally elective procedures such as spay/neuter would be performed about a month or more after treatment has been successfully completed. However, if delaying spay/neuter is causing heightened aggression and stress, it is possible to perform the surgery during treatment provided that the cat is clinically doing well on treatment and that several weeks of treatment will remain after surgery.

Provided that the cat is stable and has shown favorable response to treatment, other surgeries can be performed if medically necessary. Care should be taken to conduct the surgery and recovery period in the least stressful protocol and logistics possible.

Are there other supportive care or therapies needed (beyond GS-441524) for treating FIP?

Cats undergoing FIP treatment often require supportive therapies and symptomatic treatment in addition to the antiviral treatment with GS-441524, for example: (but not limited to) analgesia, intravenous or sub-cutaneous fluids, nutritional support, anti-emetics, appetite stimulation, anticonvulsants, or topical ophthalmic antiinflammatories.

No specific supplements have been studied or found to be necessary or recommended for use during FIP treatment. Although transient increases in liver values may be seen, they typically normalize without any intervention, such as hepatoprotectants.

Cats with pleural effusions may require drainage of the effusion one or more times in order to relieve dyspnoea. There is generally little value in draining abdominal effusions unless they are causing respiratory compromise, as the fluid typically is replaced rapidly and will absorb on it's own as part of GS-441524 therapy.





Are any drugs contra-indicated during treatment for FIP with GS-441524?

At present, there are no known drug interactions with GS-441524.

Immune-suppressive drugs, such as corticosteroids should be avoided when possible so as to prevent impairment of the immune response. Short-term (1-5 days) corticosteroid use may be necessary in some cases to reduce inflammation and stabilize critical neurological patients. Topical corticosteroids may be necessary for cats with uveitis. Longer term corticosteroid use may be necessary if the cat has developed IMHA, or has other comorbidities requiring steroidal treatment.

As a rule of thumb, avoid corticosteroids when possible, and when necessary use them for as short a time as possible. When an anti-inflammatory agent is required in cats undergoing FIP treatment, consider whether use of an NSAID could be appropriate instead.

Is it safe to administer flea treatment or deworm cats being treated for FIP?

There is no contraindication to routine worming or flea treatment for cats undergoing treatment with GS-441524

MISCELLANEOUS QUESTIONS ABOUT FIP

Should the Vanguard (formerly Primucell) Feline FIP Vaccine be given to protect cats from FIP?

The existing Vanguard/Primucell vaccine for FIP is not recommended for use for several reasons.

First, the virus used for the vaccine is of a different serotype than what is most commonly found in the wild. It also is only effective if it is given before a kitten is exposed to the feline coronavirus (FECV), however nearly all kittens are exposed to the virus before the recommended age of vaccination. Studies have shown that the vaccine does not reduce the incidence of clinical FIP when used in endemic catteries when given at the recommended age of 16 weeks. In short, the existing vaccine simply is not effective in environments like catteries and shelters where FIP risk is highest.



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