Why COVID patients who could most benefit from Paxlovid still aren't getting it

March 13 2024, by Arthur Allen, KFF Health News

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Evangelical minister Eddie Hyatt believes in the healing power of prayer but "also the medical approach." So on a February evening a week before scheduled prostate surgery, he had his sore throat checked out at

an emergency room near his home in Grapevine, Texas.

A doctor confirmed that Hyatt had COVID-19 and sent him to CVS with a prescription for the antiviral drug Paxlovid, the generally recommended medicine to fight COVID. Hyatt handed the pharmacist the script, but then, he said, "She kept avoiding me."

She finally looked up from her computer and said, "It's $1,600."

The generally healthy 76-year-old went out to the car to consult his wife about their credit card limits. "I don't think I've ever spent more than $20 on a prescription," the astonished Hyatt recalled.

That kind of sticker shock has stunned thousands of sick Americans since late December, as Pfizer shifted to commercial sales of Paxlovid. Before then, the federal government covered the cost of the drug.

The price is one reason Paxlovid is not reaching those who need it most. And patients who qualify for free doses, which Pfizer offers under an agreement with the federal government, often don't realize it or know how to get them.

"If you want to create a barrier to people getting a treatment, making it cost a lot is the way to do it," said William Schaffner, a professor at Vanderbilt University School of Medicine and spokesperson for the National Foundation for Infectious Diseases.

Public and medical awareness of Paxlovid's benefits is low, and putting people through an application process to get the drug when they're sick is a non-starter, Schaffner said. Pfizer says it takes only five minutes online.

It's not an easy drug to use. Doctors are wary about prescribing it

because of dangerous interactions with common drugs that treat cholesterol, blood clots, and other conditions. It must be taken within five days of the first symptoms. It leaves a foul taste in the mouth. In one study, 1 in 5 patients reported "rebound" COVID symptoms a few days after finishing the medicine—though rebound can also occur without Paxlovid.

A recent *JAMA Network* study found that sick people 85 and older were less likely than younger Medicare patients to get COVID therapies like Paxlovid. The drug might have prevented up to 27,000 deaths in 2022 if it had been allocated based on which patients were at highest risk from COVID. Nursing home patients, who account for around 1 in 6 U.S. COVID deaths, were about two-thirds as likely as other older adults to get the drug.

Shrunken confidence in government health programs is one reason the drug isn't reaching those who need it. In senior living facilities, "a lack of clear information and misinformation" are "causing residents and their families to be reluctant to take the necessary steps to reduce COVID risks," said David Gifford, chief medical officer for an association representing 14,000 health care providers, many in senior care.

The anti-vaxxers spreading falsehoods about vaccines have targeted Paxlovid as well. Some call themselves anti-paxxers.

"Proactive and health-literate people get the drug. Those who are receiving information more passively have no idea whether it's important or harmful," said Michael Barnett, a primary care physician at Brigham and Women's Hospital and an associate professor at Harvard, who led the JAMA Network study.

In fact, the drug is still free for those who are uninsured or enrolled in Medicare, Medicaid, or other federal health programs, including those

for veterans.

That's what rescued Hyatt, whose Department of Veterans Affairs health plan doesn't normally cover outpatient drugs. While he searched on his phone for a solution, the pharmacist's assistant suddenly appeared from the store. "It won't cost you anything!" she said.

As Hyatt's case suggests, it helps to know to ask for free Paxlovid, although federal officials say they've educated clinicians and pharmacists—like the one who helped Hyatt—about the program.

"There is still a heaven!" Hyatt replied. After he had been on Paxlovid for a few days his symptoms were gone and his surgery was rescheduled.

About that $1,390 list price

Pfizer sold the U.S. government 23.7 million five-day courses of Paxlovid, produced under an FDA emergency authorization, in 2021 and 2022, at a price of around $530 each.

Under the new agreement, Pfizer commits to provide the drug for the beneficiaries of the government insurance programs. Meanwhile, Pfizer bills insurers for some portion of the $1,390 list price. Some patients say pharmacies have quoted them prices of $1,600 or more.

How exactly Pfizer arrived at that price isn't clear. Pfizer won't say. A Harvard study last year estimated the cost of producing generic Paxlovid at about $15 per treatment course, including manufacturing expenses, a 10% profit markup, and 27% in taxes.

Pfizer reported $12.5 billion in Paxlovid and COVID vaccine sales in 2023, after a $57 billion peak in 2022. The company's 2024 Super Bowl ad, which cost an estimated $14 million to place, focused on Pfizer's

cancer drug pipeline, newly reinforced with its $43 billion purchase of biotech company Seagen. Unlike some other recent oft-aired Pfizer ads ("If it's COVID, Paxlovid"), it didn't mention COVID products.

Connecting with patients

The other problem is getting the drug where it is needed. "We negotiated really hard with Pfizer to make sure that Paxlovid would be available to Americans the way they were accustomed to," Department of Health and Human Services Secretary Xavier Becerra told reporters in February. "If you have private insurance, it should not cost you much money, certainly not more than $100."

Yet in nursing homes, getting Paxlovid is particularly cumbersome, said Chad Worz, CEO of the American Society of Consultant Pharmacists, specialists who provide medicines to care homes.

If someone in long-term care tests positive for COVID, the nurse tells the physician, who orders the drug from a pharmacist, who may report back that the patient is on several drugs that interact with Paxlovid, Worz said. Figuring out which drugs to stop temporarily requires further consultations while the time for efficacious use of Paxlovid dwindles, he said.

His group tried to get the FDA to approve a shortcut similar to the standing orders that enable pharmacists to deliver anti-influenza medications when there are flu outbreaks in nursing homes, Worz said. "We were close," he said, but "it just never came to fruition." "The FDA is unable to comment," spokesperson Chanapa Tantibanchachai said.

Los Angeles County requires nursing homes to offer any COVID-positive patient an antiviral, but the Centers for Medicare & Medicaid Services, which oversees nursing homes nationwide, has not issued

similar guidance. "And this is a mistake," said Karl Steinberg, chief medical officer for two nursing home chains with facilities in San Diego County, which also has no such mandate. A requirement would ensure the patient "isn't going to fall through the cracks," he said.

While it hasn't ordered doctors to prescribe Paxlovid, CMS on Jan. 4 issued detailed instructions to health insurers urging swift approval of Paxlovid prescriptions, given the five-day window for the drug's efficacy. It also "encourages" plans to make sure pharmacists know about the free Paxlovid arrangement.

Current COVID strains appear less virulent than those that circulated earlier in the pandemic, and years of vaccination and COVID infection have left fewer people at risk of grave outcomes. But risk remains, particularly among older seniors, who account for most COVID deaths, which number more than 13,500 so far this year in the U.S.

Steinberg, who sees patients in 15 residences, said he orders Paxlovid even for COVID-positive patients without symptoms. None of the 30 to 40 patients whom he prescribed the drug in the past year needed hospitalization, he said; two stopped taking it because of nausea or the foul taste, a pertinent concern in older people whose appetites already have ebbed.

Steinberg said he knew of two patients who died of COVID in his companies' facilities this year. Neither was on Paxlovid. He can't be sure the drug would have made a difference, but he's not taking any chances. The benefits, he said, outweigh the risks.

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