MEDSCAPE SURVEY FINDS REASONS PAXLOVID IS UNDERPRESCRIBED FOR THOSE 65 AND OLDER, DESPITE ITS EFFECTIVENESS AGAINST COVID COMPLICATIONS

NEW YORK, Jan. 12, 2023 /PRNewswire/ -- Paxlovid (nirmatrelvir with ritonavir) has been shown in clinical studies to be a highly-effective treatment to mitigate the severity of a COVID-19 infection—with some studies showing it can be close to 90% effective in reducing the risk of severe disease, and in reducing hospitalization for people age 65 and over. However, a recent survey conducted by **Medscape** found that physicians and nurse practitioners often are hesitant to prescribe Paxlovid to older adults, due to concerns about how the medication may interact with other prescription drugs that patients already take.

Survey: Paxlovid Prescribing Attitudes and Behaviors

What are the most common reasons you haven't prescribed Paxlovid to patients 65 years or older who were diagnosed with COVID-19 in the past 2 months?



Note: The survey included responses from 1,510 physicians, nurse practitioners, physician assistants, and pharmacists.

Source: Medscape survey

The graph above summarizes a key finding from the survey

The *Medscape Survey on Paxlovid Prescribing Attitudes and Behaviors* polled more than 1,500 physicians, physician assistants, nurse practitioners, and pharmacists regarding Paxlovid use in people 65 and older during a 3-week period ended in December. Health professionals were asked whether they had prescribed Paxlovid and situations in which they were reluctant to do so. Among physicians, **57%** had prescribed it to those 65 and older with COVID-19; **24%** considered prescribing it, and **18%** had not prescribed or considered prescribing Paxlovid.

"Unfortunately we have a major mismatch of the people who would benefit most from Paxlovid compared with those who are actually getting it," said Eric Topol, MD, Editorin-Chief of Medscape. "This survey helps us understand the main factors."

Drug interactions were one of the respondents' major concerns. **44%** of physicians said they had not prescribed Paxlovid to people 65 and older because their patient had been taking another medication that is contraindicated with Paxlovid and that drug could not be discontinued. **41%** said they hadn't prescribed Paxlovid because the risk of discontinuing a patient's medication was too high.

"There's a straightforward workaround strategy for nearly all the drug interactions-most commonly statins-which can easily be stopped for 5 days," Topol said.

According to the Centers for Disease Control and Prevention (CDC), <u>COVID-19</u> <u>"rebound"</u> happens when there is a recurrence of symptoms after a patient with COVID-19 has tested negative. During clinical trials on Paxlovid, a small number of participants had positive COVID-19 PCR tests after they had tested negative. In the Medscape survey, Paxlovid rebound was a less significant reason to not prescribe Paxlovid to people over 65, with just **22%** of respondents citing concerns about rebound. **Other findings from the survey include:**

- **Pharmacists were low prescribers**. In fall 2021, the US Food and Drug Administration (FDA) allowed pharmacists to prescribe Paxlovid to people testing positive for COVID-19 without a physician's involvement. However, among pharmacist respondents, only 43% reported prescribing Paxlovid to anyone in the prior 2 months; just **14%** said they had prescribed it and 27% considered prescribing it to people aged 65 and older.
- **Concern over renal impairment**. **37%** of total respondents said they had not prescribed Paxlovid because the patient had severe renal impairment.

"The benefits of Paxlovid for reducing hospitalizations and deaths has been corroborated by several real-world studies, including a large Veterans Affairs report that also suggested a 26% reduction of long COVID sequelae," Topol said. "Hopefully, the survey results will prompt more clinicians to treat patients at high-risk."

Medscape Survey Methods: Data was collected from November to December 2022, and 1,510 U.S. physicians, nurse practitioners (NP), physical assistants (PA), and pharmacists were polled about their Paxlovid prescribing practices. The group included

at least 500 physicians, 500 NPs/PAs, and 500 pharmacists. The physicians were concentrated in family and internal medicine (70%) with an additional group of emergency medicine (30%) to capture experience in the hospital setting.

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