



Health Issues Centre
Consumer voices for better healthcare

Key Barriers Report

COVID Antivirals

Online forums – September 7th and 8th 2022

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Contents

Poll	5
Familiarity with antivirals – before and after	5
Major themes	7
Accessibility and availability	7
Physical access	8
Eligibility	9
How to take antivirals – considerations	9
Emerging issues	9
Appendix A – Slides used in Forum	11

Executive Summary

On Wednesday 7th and Thursday 8th of September, Health Issues Centre hosted the ninth in a series of COVID-19 forums.

Titled *Antivirals – How do they work, who should use them and how do we increase uptake?* these two forums were made possible with an education grant from Pfizer Australia.

Key barriers and issues

The forums demonstrated that there are a wide range of barriers and more general issues having an impact on health consumers' propensity to access antivirals. These included:

- **Uncertainty about accessibility requirements** of antivirals
- **Practicalities of physically accessing antivirals** and what needs to be provided to a prescriber to ensure access
- **Uncertainty about eligibility** for antivirals, including definitions of 'immunocompromised'
- General **uncertainty about how to take antivirals**

Recommendations

Possible issues, solutions and actions for the health sector to consider include:

- Explicitly acknowledging in relevant explanatory material that **antivirals for eligible Australians are covered under the PBS** with eligible people only paying an out-of-pocket gap fee of \$42.50 (or \$6.80 if they hold a concession card) rather than the private cost of the medicines which is between \$1,100 - \$1,500.
- **Preparation can help facilitate access.** To facilitate access, if they are eligible, patients should consider discussing an antiviral treatment plan with their GP *before* potentially contracting COVID.
- The **window of opportunity** to use antivirals (five days) as a message for encouraging action resonated with attendees and was the subject of many questions and comments.
- A five-day **'roadmap' identifying options for consumers** to pursue if they want to have an antiviral may help consumers navigate the sometimes complex options they potentially face when seeking an antiviral.
- **Clearer and more searchable resources** that identify who is eligible for antivirals (i.e. which specific conditions).
- The definition of **'immunocompromised' is not well-understood** and should be explained in materials where this is identified as a potential indication of a consumer's antiviral eligibility.

Other key lessons

The forums demonstrate the importance of providing up-to-date information to consumers on antivirals. Specifically, forum polling showed that **attendees' level of familiarity and comfort increased by around 20%** following the information provided in the forums. Similarly, the numbers of attendees reporting that they did not feel comfortable or were not familiar with antivirals halved.

Attendees also appreciated having the **recorded video as a resource**, both so they could subsequently access this as a resource, and also to be able to share with other consumers and colleagues:

- “I attended the online forum last night. It was excellent. Is it possible to get a copy of the session or the ppts. So that I can share with my friends?”
- “We have a few people at work who can’t attend tonight or tomorrow who could benefit from watching the video. I would also like to listen/watch again to refresh my knowledge as needed.”

Overall, while effective, antivirals are no substitution for vaccination nor are they a substitution for abandoning COVID-19 precautions and safety measures. This remains an important message as we continue to live with COVID into the foreseeable future.

Introduction

On Wednesday 7th and Thursday 8th of September, Health Issues Centre hosted the ninth in a series of COVID-19 forums, titled *Antivirals – How do they work, who should use them and how do we increase uptake?* These two forums were made possible with an education grant from Pfizer.

The following report analyses key barriers to uptake of antiviral treatments, with consequent recommendations. It provides a thematic summary of participants’ questions, comments, and sentiments.

A separate easy-access consumer summary report for distribution to forum participants and any other consumers seeking information on eligibility and availability of antivirals has also been prepared.

Forum

Forum Aims

The key aim of the forum was to “provide information to consumers and healthcare workers about antivirals.”

Forum participants engaged with the speaker via a question-and-answer chat function within Zoom.

HIC advertised the forums through a variety of channels. These included social media, paid Facebook advertising and inclusion in HIC newsletters. As a result, over 200 people (56% consumers) registered.

Format

The forums were conducted as follows:

- Initial presentation by a keynote expert, Dr Anita Muñoz (see below).
- Dr Muñoz answered questions from the audience.
- Forum length of one hour duration of which at least half was allocated to Q&A.
- Q&A and Chat functions were mediated to ensure the event was not appropriated for misinformation purposes.
- Event recorded for the purpose of posting an edited version on the HIC YouTube channel.
- All chat comments and Q&As have been analysed for sentiment prevalence for reporting purposes.
- Polling was conducted at the beginning and end of each session to evaluate the effectiveness of the Forum.

Guest speaker

Participants in the forum heard from an expert speaker:

- **Dr Anita Muñoz**, Chair of the RACGP Victoria Council, Board Member, and member of the COVID Committee. Anita is also a GP in private practice in Melbourne's CBD.

Poll

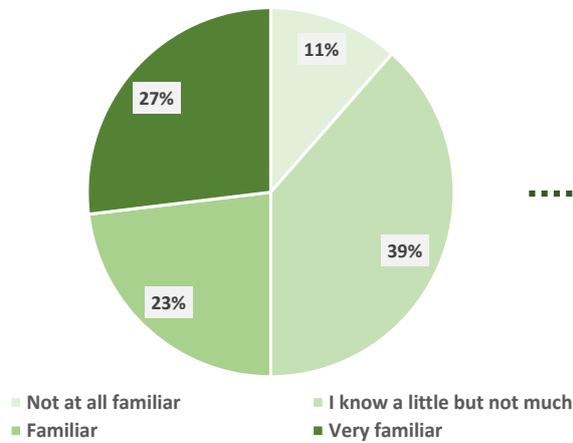
The polling showed that attendees' level of familiarity and comfort increased following the information provided in the forums. Respondents indicating they felt 'very familiar' jumped by around 20%, while attendees reporting that they did not feel comfortable or were not familiar halved.

The percentage of participants who felt 'familiar' or 'very familiar' with antivirals increased from 50% to 67.9% for consumers/members of the public, and from 68.8% to 100% for health system workers.

Familiarity with antivirals – before and after

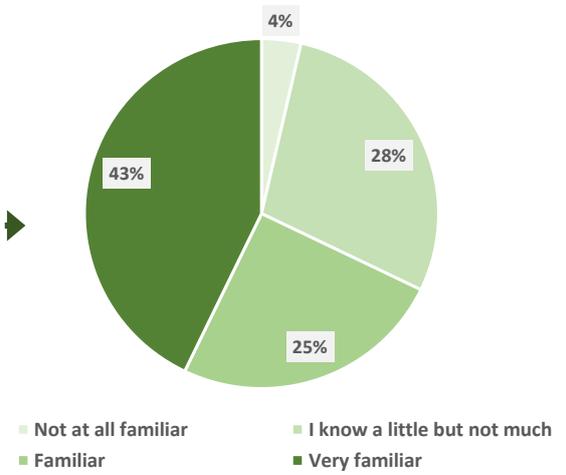
Consumers' familiarity with antivirals before...

Consumer/ Member of the public



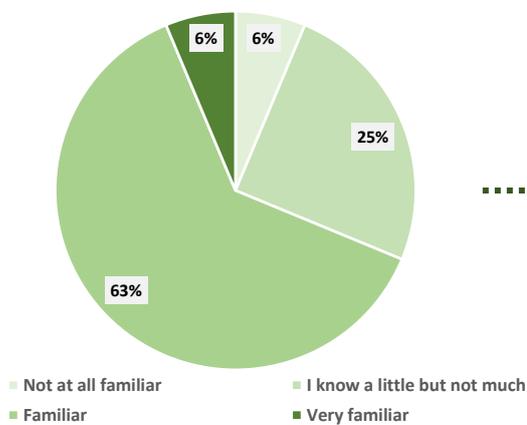
...and after the forums

Consumer/ Member of the public



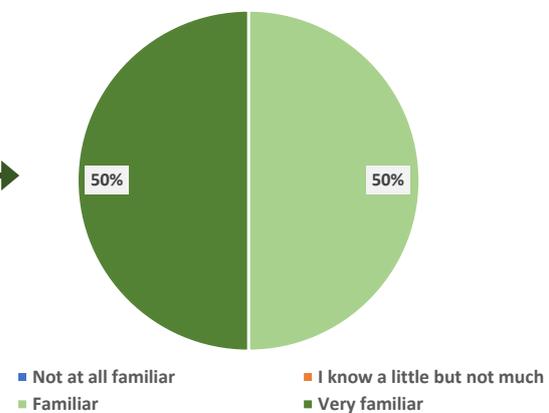
Health system workers' familiarity with antivirals before...

Health system



...and after the forums

Health system



Presentation

The key points of the presentation included:

- Antivirals work best on mild to moderate COVID-19 in people who have risk factors for the disease to become more serious

- We have supply constraints – they are a very expensive (but covered under the PBS for eligible consumers at an out-of-pocket cost of \$42.50 or \$6.80 if they hold a concession card) and precious resource
- If eligible, consumers should start the conversation with their GP early and create a plan for antivirals before they get sick
- Antivirals are no substitution for vaccination nor are they a substitute for abandoning personal COVID-19 precautions and safety measures

Following the speaker’s presentation, a Q&A session was held for forum participants.

A forum recording is available here: <https://youtu.be/sjzGej7vNUc>

Findings and analysis

Major themes

Accessibility and availability

A key theme emerging from the comments and questions from forum participants was uncertainty about what was required to access antivirals.

This included the out-of-pocket costs to consumers:

- “How much do we pay for COVID antivirals if we are eligible?”

This suggests increasing awareness about the coverage of antivirals under the PBS may potentially help reduce one barrier to consumers’ appetite for considering antivirals.

This awareness of cost should extend to information on the cost associated with accessing antivirals when a consumer is *not* eligible, given a general sentiment expressed supporting a wider availability of antivirals would be positive:

- “It would be a great idea to have them readily available at home in case needed, particularly since they are best taken early after a positive test.”

Dr Muñoz noted that due to supply constraints and their cost to the PBS (\$1,100 - \$1,500), eligibility is strictly controlled.

There was also uncertainty among those caring for others who may need to access antivirals, given underlying conditions:

- “As a carer for someone that is immunocompromised am I able to access antivirals to help protect them? Also what can I do to help organise antivirals in advance for them if they need them.”

Dr Muñoz noted preparation can help facilitate access. To facilitate access, if eligible, Dr Muñoz suggested considering discussing an antiviral treatment plan with your GP:

- “Start the conversation with your GP early and create a plan for antivirals before you get sick.”

Interestingly, one consumer flagged there may be a role for digital health in our health system’s efforts to help facilitate timely and safe antivirals access:

- “The GP and respiratory clinic should have access to mygov or the new medical record.”

Physical access

Similarly, the practicalities of physically accessing antivirals were also a key source of questions and comments:

- “If we didn't have someone who can fetch us some antivirals are there any services that could help?”
- “On the RAT tests it says if you read it after 20 minutes the result may be inaccurate, so how can you save it to prove a positive result [to your GP to therefore get access]?”

Dr Muñoz noted practical steps that may facilitate GPs being able to more readily prescribe an antiviral for patients:

- “It is important to keep your RAT test or take a photo of it to show a doctor that perhaps you have never met before.”
- The relationship that the patient has with their GP plays a part in ease of accessibility: “If I am speaking with a patient that I have known for 15 years – then we would commence treatment.”

Some of the comments went to system-wide issues that are not necessarily specific to individual capacity or to an individual’s relationship with their GP. This demonstrates the need to consider how other parts of the system enable – or disincentivise – antiviral access *before* an individual can ‘take charge’ and discuss with their GP/prescriber:

- “I know several people over 70 who were in the care of the local public hospital, by phone, and they were not offered antivirals. How would you account for that?”
- “What role if anything do the government's new respiratory clinics have in the process e.g. if my GP is unavailable?”
- “The difficulty is to access GP on weekend and the respiratory clinic are closed and 24hr clinic do not accept new patient and the Covid pathway at the [redacted] hospital is difficult to navigate if computer skills are poor.”

The window of opportunity to use antivirals (five days) resonated with attendees and was the subject of many questions and comments.

- “If you know you are at risk, but are unlikely to get a GP appointment within 5 days to get a script, what can you do?”
- “If you get side effects from one antiviral, can you change to the other one before the 5 days?”

This suggests there may be a role for a five-day 'roadmap' identifying options for consumers to pursue if they want to have an antiviral.

Eligibility

A key theme for consumers was who is eligible for antivirals. Beyond this, however, consumers wanted to know how to test their eligibility before going to a doctor.

- "Can you please mention the categories of cancer treatment that make you eligible?"
- "Risk factors - are t2 diabetes and obesity enough? Also OSA treated with CPAP? Do GP's/guidelines take into consideration that you live with someone with even more risk factors e.g. older partner over 70 and with heart disease."
- "How many risk factors do you need to have to be able to access antivirals?"

A similar subset of questions and comments asked about the definition of 'immunocompromised,' in the context of this being an antivirals eligibility factor. Most of these questions related to conditions that do not qualify as 'immunocompromised:'

- "Does ME/chronic fatigue syndrome meet eligibility criteria for immunocompromised? It seems to be controversial based on individual GP advice - different practitioners advise differently"
- "Is having a skin condition such as eczema or psoriasis regarded as being immunocompromised?"

This suggests further information on eligibility may be required and that who qualifies as 'immunocompromised' needs to be clearly defined.

How to take antivirals – considerations

There was general uncertainty about how to take antivirals:

- "If you get covid for a second time and took antivirals the first time, can you take them again? If yes, is there a minimum interval?"
- "If you get side effects from one anti-viral, can you change to the other one before the 5 days."

Dr Muñoz noted that antivirals "work best on mild to moderate disease in people who have risk factors for the disease to become more serious."

They need to be taken within five days of symptom onset or COVID-19 diagnosis. Due to supply constraints, expiry dates and their cost, eligibility is strict.

- Unless you are willing to pay the upfront cost ranging \$1,100 - \$1,500, for private (non-PBS) prescription "You can't obtain an anti-viral in advance of an illness".

Emerging issues

The forums identified two emerging issues regarding the practicalities of taking antivirals.

First, there was interest in the use of antivirals for travel:

- “Will antivirals be available for overseas travel in the future, in preparation for visiting a high transmission country (if patient meets eligibility criteria)?”

As travel restrictions ease and more Australians travel more often, it is anticipated this issue will increase in relevance over time. It also reinforces the earlier point that there is room to increase awareness around the supply of antivirals and that they are being prescribed only when needed, that is, not ‘just in case’ or for travel.

Second, the emerging issue of ‘antiviral rebound’ was also raised. This may reflect recent media reports (e.g., ABC News¹) and the issue having received some prominence when US President Biden experienced antiviral rebound.

- “Why is there rebound from COVID-19 with antivirals?”
- “I had antiviral rebound! Covid twice in 2 weeks! If I'd known about the rebound I probably would not have taken them.”

Transparency around the possibility of ‘rebound’ after having taken antivirals would provide some assurance that there was no attempt to ‘hide’ this as a possible outcome. However, this should be stated alongside the positives associated with appropriate use of antivirals and the risks to eligible populations of actively avoiding them.

¹ <https://www.abc.net.au/news/2022-08-09/covid-19-infection-rebounds-after-antiviral-treatments/101310960>

Oral antiviral treatments for COVID-19

How do they work, who should take them and how can people access them?

Dr Anita Muñoz
GP and RACGP Victoria Council Chair



Agenda

- What oral antiviral treatments for COVID-19 are, how they work and what treatments are available
- Eligibility criteria for accessing antiviral treatments
- Considerations for prescribing these treatments
- Possible side effects
- How to access these treatments?
- Vaccination and other preventative measures
- Further resources
- Q&A



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What are COVID-19 antivirals and how do they work?

Paxlovid
(nirmatrelvir plus ritonavir)



Lagevrio
(molnupiravir)



Both treatments...

- belong to a group of medicines called antivirals
- work by targeting the virus that causes COVID-19 and preventing it from infecting healthy human cells
- have been shown to reduce the risk of severe infection and hospitalisation in those with mild to moderate COVID-19 with one or more risk factors
- must be commenced within 5 days of symptom onset
- are taken twice a day for 5 days



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Who can be prescribed
COVID-19 antivirals?

Eligibility criteria

To be eligible for the oral treatments you must:

- have confirmed COVID -19 (PCR or RAT)
- have mild or moderate illness (or be asymptomatic if you are 70 years of age or older)
- be able to start the treatment within 5 days of symptom onset

AND be:

- 70 years of age or older**
- 50 years of age or older with two other risk factors for severe disease
- identify as Aboriginal or Torres Strait Islander origin, and be 30 years of age or older with two other risk factors for severe disease; or
- 18 years of age or older and moderately to severely immunocompromised.



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Why would one medicine be prescribed over another?

Considerations include:

- Do you have liver or kidney disease?
- What other medicines do you take?
- Can you swallow medicines?
- Are you pregnant, trying to conceive or breastfeeding?



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What are possible side effects
of these treatments?

Possible side effects

Paxlovid:

- Vomiting
- Diarrhoea
- Headache
- High blood pressure
- Aching muscle, muscle tenderness or weakness not due to exercise
- Changes in taste or a metallic taste in the mouth
- Nausea
- Abdominal pain
- Generally feeling unwell.

Lagevrio:

- Diarrhoea
- Nausea
- Dizziness



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How can you access these medicines?



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COVID-19 oral treatment is no replacement for vaccination, nor complacency

Where can you find more information?

Resources:

Victorian Government Coronavirus website

<https://www.coronavirus.vic.gov.au/covid-19-medicines>



Healthdirect - Medications for treating COVID-19

<https://www.healthdirect.gov.au/covid-19/medications>



Consumer medicine information – Lagevrio (NPS MedicineWise website)

<https://www.nps.org.au/medicine-finder/lagevrio-capsules>



Consumer medicine information – Paxlovid

(NPS MedicineWise website)
<https://www.nps.org.au/medicine-finder/paxlovid>



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