

What would people living with HIV do if faced with the poorly worded patient information leaflet for Paxlovid (nirmatrelvir /ritonavir): a new treatment for COVID-19 infection?

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Introduction

- The MHRA recently approved Paxlovid (nirmatrelvir/ritonavir) for the treatment of mild/moderate COVID-19 infection.
- A course lasts 5 days with three oral tablets (2x 150mg nirmatrelvir and 1x 100mg ritonavir) taken twice daily.
- Paxlovid reduces the risk of hospitalisation and death within 28 days by 89% compared to placebo.
- Paxlovid should be given within 5 days of symptom onset, ideally as soon as possible.
- Drug-drug interactions between Paxlovid and antiretroviral medication are minor and not clinically important
- However, the patient information leaflet (PIL) warns **'it may result in medicines used to treat HIV becoming less effective'**.
- We aimed to identify what people living with HIV would do if they were prescribed Paxlovid then subsequently read this warning.

Methods

- With input from community members a rapid online survey explaining the information above was circulated via UK-CAB and other UK community organisations.
 - Respondents were asked to choose which one thing they would do in this scenario from six options
 - Free text comments were invited
1. I would take Paxlovid as advised
 2. I would check with my HIV clinic first
 3. I would call my GP or 111 first
 4. I would check the University of Liverpool HIV drug interactions website or app
 5. I would not take Paxlovid
 6. Something else (free text)

Results

There were 289 responses; many respondents highlighted they would do multiple things.

- Most (64%) would contact their HIV clinic prior to taking Paxlovid.
- 12% would take Paxlovid as advised
- *"The risk from COVID and severe illness is immediate and greater so taking it would outweigh any brief interruption to HIV medication effectiveness"*
- Conversely, 10% would not take Paxlovid.
- 8% would check the Liverpool website and free text responses also highlighted friends living with HIV, BHIVA and NAM as information sources
- Only 2% would contact their GP or call 111.

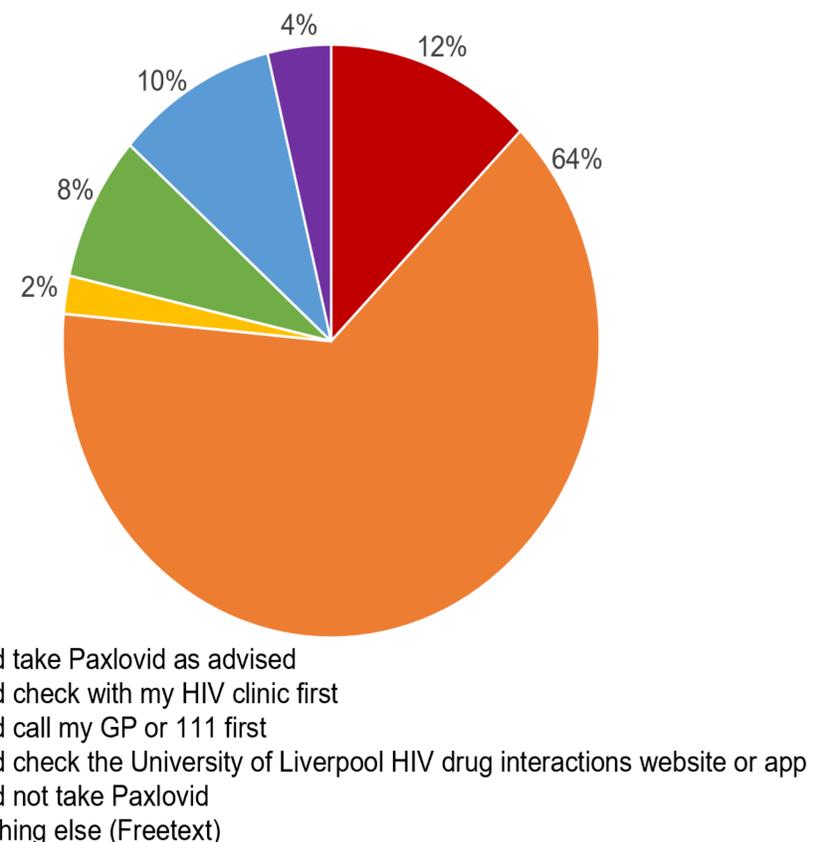
People also reported their own strategies for minimising interactions:
"I'd probably start it but 12 hours apart from my HIV medication"

The brevity of the warning was negatively received,
*"Less effective for 24 hours, 5 days or long term impact?
This creates a fair amount of uncertainty and possibly anxiety."*

People also wanted to know what the specific risk was:
*"What does less effective mean? Can my viral load go up?
Could I build resistance to my HIV treatment?"*

- Other concerns included:
- Clinicians unfamiliar with HIV prescribing for people living with HIV.
 - Existing challenges to accessing COVID-19 treatments.
 - Homogenising all people living with HIV as 'high-risk' for complications from COVID-19 perpetuating stigma.

Summary of survey responses



Conclusions and Outcomes

- People living with HIV should have access to comprehensive information about how COVID-19 medications could affect their health or HIV treatment.
- Poor communication risks eligible people delaying or avoiding effective treatment and perpetuates stigma.
- **After contacting Pfizer they have agreed to revise to the patient information leaflet in line with EMA and FDA PILs**

Limitations include:

- Survey only available online and in English
- Limited time period for data collection
- Lack of ability to select more than one response

Strengths include:

- Timely, captured patient views shortly after Paxlovid rolled out
- Strong community engagement in survey design and dissemination

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