CADTH REIMBURSEMENT REVIEW

Patient and Clinician Group Input

nirmatrelvir-ritonavir (Paxlovid)

(Pfizer Canada ULC)

Indication: For the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults with positive results of direct severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.

September 25, 2024

This document compiles the input submitted by patient groups and clinician groups for the file under review. The information is used by CADTH in all phases of the review, including the appraisal of evidence and interpretation of the results. The input submitted for each review is also included in the briefing materials that are sent to expert committee members prior to committee meetings.

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CADTH does use reasonable care to prevent disclosure of personal information in posted material; however, it is ultimately the submitter's responsibility to ensure no identifying personal information or personal health information is included in the submission. The name of the submitting group and all conflicts of interest information from individuals who contributed to the content are included in the posted submission.

Patient Group Input

Name of the drug: nirmatrelvir-ritonavir (Paxlovid®)

Indication of interest: mild-to-moderate COVID-19

Name of patient group: Arthritis Consumer Experts

Name of the primary contact for this submission:
Cheryl Koehn, President
[redacted]

Name of author (if different):
Cheryl Koehn, President
Anita Chan, Director of Programs & Administration

Patient group's contact information:
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Unit 210-1529 West 6th Avenue
Vancouver, BC
V6J 1R1
www.jointhealth.org

Permission is granted to post this submission: Yes

Section 1 – About your Patient Group

Canada's largest, longest running national arthritis patient organization headquartered in Vancouver, BC, Arthritis Consumer Experts (ACE) provides free, science-based information and education programs in both official languages to people with arthritis. ACE serves people living with all forms of arthritis by helping them take control of their disease and improve their quality of life through education and (em)powerment. Founded and led by people with arthritis, ACE also advocates on arthritis health policy and provides research-based education through ACE's JointHealth™ family of programs and the Arthritis Broadcast Network, directly to consumers/patients, media, and government. ACE operates as a non-profit in a fully transparent manner and is guided by a strict set of guiding principles, set out by an advisory board comprised of leading scientists, medical professionals, and informed arthritis consumers. Ultimately, we are guided by the needs of our members, who are people living with arthritis, and their caregivers.

Link to website: www.jointhealth.org

Section 2 – Information Gathering

The information was gathered from patients who have shared their feedback by email. Where patient inputs are in French, we have obtained a translation from our translator.

Section 3 — Disease Experience

3.1 How does the disease impact the patients' day-to-day life and quality of life?

Patient 1: Woman living with rheumatoid arthritis who caught COVID during Christmas Day last year, despite having the up-to-date vaccine booster shots and wearing masks all the time. She felt "ropey" (out of it, hard to focus due to symptoms of COVID).

Patient 2: This woman commented that her daughter also has rheumatoid arthritis and have had COVID twice. “Both times, she was initially very unwell with high fevers, chills, and body aches. These symptoms began to improve dramatically within 24 hours after starting Paxlovid.”

Patient 3: Woman living with rheumatoid arthritis who tested positive for COVID in May 2023. They experienced the common symptoms of COVID (cough, fatigue, headache, chills).

Patient 4: Woman living with ankylosing spondylitis who recently caught COVID. She experienced phlegmy cough but did not lose her taste of have excessive fevers during COVID.

Patient 5: This patient has rheumatoid arthritis and had COVID in July 2022. When they were diagnosed with COVID, the clinic they visited “did not believe me that I needed Paxlovid to minimize my risks.” They experienced common symptoms of COVID (cough, fatigue, headache, chills).

Patient 6: This patient felt extremely ill while they had COVID; they felt “exhausted, weak, excruciating muscle soreness – can’t remember if I had “cold like” symptoms but nothing in my chest.”

Patient 7 submitted the input in French and this input was translated into English by ACE’s translator: “In December 2022, I tested positive for COVID-19, after 24 hours of symptoms such as cough, sore throat and a fever of 39°C.”

Patient 8 submitted the input in French and this input was translated into English by ACE’s translator: Woman living with rheumatoid arthritis who tested positive for COVID in December 2022. They described their COVID symptoms as that of a “bad cold”.

Patient 9: Did not submit a comment for this section.

Patient 10 submitted the input in English and French: Woman living with rheumatoid arthritis who had COVID for the first time on September 8, 2023, despite being vaccinated for 6 times. She had high sustained fever, sore throat, cough, and intense headache.

Patient 11: This patient has rheumatoid arthritis, osteoarthritis, and asthma. “I contracted what I would call moderate COVID after 3 years of careful isolation behaviour but was not hospitalized.”

Patient 12: Woman living with rheumatoid arthritis who have had COVID twice. “I’ve had COVID-19 twice. The first time, I experienced symptoms of fatigue and severe headache confining me to bed. The second time was different. I experienced fatigue, fever, sore throat, congestion, and other cold/flu symptoms.”

3.2 How does the disease impact the caregivers’ day-to-day life and quality of life?

Patient 1, 3, 5, 6, 7, 8, 10, 11: did not require additional care from caregivers.

Patient 2: This woman had to care for her daughter when her daughter was sick with COVID. As someone living with rheumatoid arthritis, this placed additional burden on her for several days.

Patient 4, 9: Did not submit a comment for this section.

3.3 Are there any aspects of the illness that are more important to control than others?

Patient 1: This woman was grateful she did not have to go to the hospital. “I took it for five days and could immediately feel my symptoms lessening and did not need any further care and did not need to go into hospital.”

Patient 2: It was important to control the high fevers, chills, and body aches so that no hospitalization would be required.

Patient 3, 4, 8, 9, 10, 11: Did not submit a comment for this section.

Patient 5: It was important to control the COVID symptoms.

Patient 6: It was important to control the feelings of exhaustion and muscle soreness as “I was not up to doing anything”.

Patient 7 submitted the input in French and this input was translated into English by ACE’s translator: It is important to control the symptoms so that they do not have to be hospitalized or risk getting a more severe form of COVID.

Patient 12: This patient expressed that it was important to her that she does not get seriously ill or hospitalized.

Section 4 – Experiences with Currently Available Treatments

How well are patients managing their disease/condition with currently available treatments?

Patient 1: "I have had RA since 2004 AND was completely up to date with my vaccine booster shots from Moderna, wearing masks while out all of the time for the years we had to, yet I still got Covid."

Patient 2: "Given that masking is frequently not required (and even when required, not always heeded), it is imperative that patients have access to Paxlovid to lessen severity of symptoms (and potentially reduce risk of long COVID) when COVID infection occurs. Without this access, many patients are restricted to extremely limited social contact outside of their homes and insecurity when accessing medical services in settings where masking is not required."

Patient 3, 4, 5, 6, 7, 8, 9: Did not submit a comment for this section.

Patient 10 submitted the input in English and French: As this patient had rheumatoid arthritis since 2015, they were already taking 2 immunosuppressants.

Patient 11: "It was medically determined that I was not able to be given Paxlovid and I ended up with 3 days of an outpatient Remdesivir IV Rx at a local hospital there."

Patient 12: "I am on a powerful cocktail of anti-rheumatic medications. I had to hold one dose of my medications while taking Paxlovid, without any negative effect on my disease control."

Section 5 – Improved Outcomes

Patient 1, 3, 4, 5, 6, 7, 8, 10: Did not submit a comment for this section.

Patient 2: "As a person living with rheumatoid arthritis necessitating immune-compromising medication I strongly support the prescription of Paxlovid for people of our community who experience COVID-19 infection. Access to this medication is essential given that vaccination and masking are effective to reduce risk of severe COVID but not sufficient to prevent COVID."

Patient 9: This patient believes that Paxlovid should be made available to those living with long COVID and that advance prescription should be allowed in case someone is sick and unable to access a prescription or pharmacy nearby.

Patient 11: "I continue to deal with aftereffects of COVID after almost 6 months."

Patient 12: This patient commented that for clinically extremely vulnerable people, it is crucial to have reimbursement access to Paxlovid to avoid serious illness or hospitalization.

Section 6 – Experience with Drug Under Review

Patient 1: "I took Paxlovid for five days and could immediately feel my symptoms lessening and did not need any further care and did not need to go into hospital. I had no side effects when I was taking it. I felt so extremely grateful that it was available and free for me as a senior with immune-compromised situation."

Patient 2: The daughter's COVID "symptoms began to improve dramatically within 24 hours after starting Paxlovid".

Patient 3: "I have RA and received Paxlovid when I tested positive for COVID in May 2023. Within 4 days, I tested negative. I finished my medication. I tested negative for 4 consecutive days after that. However, within 2 weeks, I was asymptomatic again. It took me 2 weeks to get rid of all the symptoms and test negative again. I only took the Paxlovid set of pills once. The symptoms the second time were milder than the first.

Patient 4: "I called a doctor on the COVID hotline, and he recommended that I take Paxlovid due to my senior age and my tendency to get bronchitis. On day 4, I started Paxlovid. The side effects of nausea were bad. I also had some diarrhea from it and if it wasn't for the doctor's recommendation, I would have stopped taking the 5-day treatment at day 3. Two weeks after developing COVID, I have recovered quite well with the exception of a phlegmy cough."

Patient 5: “I was called 2 days after my diagnosis by a physician who reluctantly prescribed Paxlovid. My COVID infection lasted 16 days and Paxlovid caused diarrhea and nausea. I do believe it helped minimize COVID symptoms.”

Patient 6: “I called Health Links and my specialist and Health links connected me to the prescription and my pharmacy for delivery. Only inconvenience at the time was feeling so horrible I had to go to Selkirk to have it confirmed as being COVID positive prior to having access to the meds. That is a 45-minute drive each way. I was not up to anything never mind driving. I would say Paxlovid worked well within 48-72 hours. I felt much better and would say it cleared it all up. I had no side effects. I did have a mild case of COVID 8 months later and chose not to get Paxlovid as my symptoms were mild.”

Patient 7 submitted the input in French and this input was translated into English by ACE’s translator: “It was already agreed with my pharmacist that I would receive Paxlovid if I tested positive. I started the treatment the same day and took the medication for 5 days. I’m convinced that it saved me from hospitalization and a severe form of COVID-19, even though I coughed for 6 weeks and was very tired.”

Patient 8 submitted the input in French and this input was translated into English by ACE’s translator: “I took Paxlovid from December 3 to 8, 2022 following a positive COVID (PCR) result. I tested negative on the 8th and retested positive on December 11th. Sick from about 12th to the 17th. Just a bad cold.”

Patient 9: Did not submit a comment for this section.

Patient 10 submitted the input in English and French: “On the advice of my rheumatologist, I started Paxlovid on Sep 9 (one day after catching COVID). The symptoms begin to diminish after 36 hours of Paxlovid. I stopped my immunosuppressants on the 8th and I haven’t started again yet. I took Paxlovid 5 days as prescribed. A bad metallic taste, diarrhea, otherwise, well tolerated. I had a rebound 4 days after stopping Paxlovid with fever, headache and cough but am starting to feel better.”

Patient 11: “It was medically determined that I was not able to be given Paxlovid and I ended up with 3 days of an outpatient Remdesivir IV Rx at a local hospital here.”

Patient 12: “As soon as I tested positive (both times), I contacted my rheumatologist and the COVID-19 help line in my province. Both acted quickly and I had my first dose of Paxlovid within the first 24 hours of testing positive. In my first COVID-19 experience, my symptoms improved by nearly 50% after only one dose. I was amazed, and of course, very happy. After 3 days (before I finished the full 5-day Paxlovid course, I was nearly 100% better. In the second case of COVID-19 and taking Paxlovid, I again experienced improvement after the first day of treatment, and within the 5-day course of treatment, was fully better though the second time, I was left with a persistent cough that lasted approximately 4 months. The only side effect I experienced while on Paxlovid was the metallic taste left in my mouth, a minor inconvenience. Because of the policy in place in my province to vaccinate and treat clinically extremely vulnerable populations as a priority population, I was able to gain free access to Paxlovid in both cases within the first 24 hours of testing positive.”

Section 7 – Companion Diagnostic Test

Not applicable to this submission.

Section 8 – Anything Else?

Patient 1, 3, 4, 5, 7, 8, 10, 11: Did not submit a comment for this section.

Patient 2: “As a person living with rheumatoid arthritis necessitating immune-compromising medication I strongly support the prescription of Paxlovid for people of our community who experience COVID-19 infection. Access to this medication is essential given that vaccination and masking are effective to reduce risk of severe COVID but not sufficient to prevent COVID.”

Patient 6: It is important for someone who needs the medication to have timely access. It was very inconvenient to drive 45 minutes just to confirm as being COVID positive in order to get the meds.

Patient 9: “As a patient and clinician, I do think that there should be easy access to Paxlovid for all patients with rheumatic diseases/autoimmune disease and patients who already have long COVID, as well as advance prescription available in the event that someone gets sick and us unable to access a prescription or pharmacies nearby are closed.”

Patient 12: "For clinically extremely vulnerable people like me, it is crucial to have reimbursement access to Paxlovid. The data are definitive: covid-19 significantly increases my risk of severe covid-19 illness, hospitalization, and death and if there is a highly effective treatment available to treat it, isn't making it available in our publicly funded healthcare system the right thing to do? To me, this is a no brainer; yes, Paxlovid is very important to me and having reimbursement access to it even more so."

Arthritis Consumer Experts (ACE) would like to add that clinical trials have shown nirmatrelvir-ritonavir (Paxlovid) treatment can reduce severity of COVID-19 symptoms and reduce hospitalization and death. However, therapy must be started within 5 days of symptoms. Timely access to Paxlovid can help patients avoid getting seriously ill and visits to the hospitals, which can place additional burden for people living with autoimmune conditions like arthritis.

Appendix: Conflict of Interest Declaration

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

   This submission was summarized and written solely by the staff of Arthritis Consumer Experts, free from consultation, advice, influence, or financial support from any outside individual, group, or company.

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

   No.

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

We have no direct or indirect financial support from the manufacturer of the drug under review.

Company	Check Appropriate Dollar Range			
	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Pfizer Canada				X

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Cheryl Koehn

Position: President

Patient Group: Arthritis Consumer Experts

Date: September 25, 2023

Name of Drug: nirmatrelvir-ritonavir (Paxlovid®)

Indication: Mild-to-moderate COVID-19, treatment

Name of Patient Group: The Canadian Breast Cancer Network

Author of Submission: <Enter Response here>

1. About Your Patient Group

The Canadian Breast Cancer Network (CBCN) is a leading, patient-directed, national health charity committed to ensuring the best quality of care for all Canadians affected by breast cancer through the promotion of information, education and advocacy activities. www.cbcn.ca

As a member of the Canadian Cancer Action Network, the Canadian Breast Cancer Network is committed to adhering to the Code of Conduct Governing Corporate Funding.

2. Information Gathering

<Enter Response Here>

3. Disease Experience

<Enter Response Here>

4. Experiences With Currently Available Treatments

<Enter Response Here>

5. Improved Outcomes

The goal of Paxlovid is to reduce severe outcomes in instances of mild to moderate COVID-19 among high-risk individuals. This drug addresses the need to reduce hospitalizations, intubation, and death associated with severe COVID-19 infections. Certain individuals diagnosed with breast cancer may be considered high-risk because of weakened immune systems from cancer, cancer treatments, and a greater likelihood of being over the age of 65. Preventing secondary illness which poses a risk of worsening cancer care is important because those with breast cancer already experience a severe disease with complex treatments. Further, those with breast cancer face a huge financial burden associated with their diagnosis. Taken together, the public reimbursement of safe and effective medicines which reduce the risks of severe secondary illnesses, such as COVID-19, offer those with breast cancer options to help manage the inherent risks associated with their disease.

6. Experience With Drug Under Review

<Enter Response Here>

7. Companion Diagnostic Test

<Enter Response Here>

8. Anything Else?

As with any complementary therapy, breast cancer patients have an expectation that support medicines will be safe, effective, and accessible on uniform terms and conditions across the country. Currently, there is a breadth of resources about prescribing and drug interactions for Paxlovid, but both resources on Paxlovid and prescribing guidelines vary by jurisdiction. For people living with breast cancer to fully benefit from Paxlovid, there must be a high degree of certainty about how Paxlovid will interact with oncology medicines, and how this medicine will be prescribed. To address these needs, CBCN welcomes a CADTH recommendation that bolsters equity by offering a national framework for the implementation and prescribing of Paxlovid.

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participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

4. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

   <Enter Response Here>

5. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

   <Enter Response Here>

6. List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

Table 1: Financial Disclosures
Check Appropriate Dollar Range With an X. Add additional rows if necessary.

Company	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Pfizer				X
Astra Zeneca				X

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: <Enter Name and details below> JK Harris
Position: Health policy and advocacy lead
Patient Group: Canadian Breast Cancer Network
Date: September 21, 2023

Name of Drug: nirmatrelvir-ritonavir (Paxlovid™)

Indication: mild to moderate coronavirus disease 2019 (COVID-19) in adults with positive results of direct severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death

Name of Patient Group: Gastrointestinal Society

Author of Submission: Jaymee Maaghop

1. About Your Patient Group

The GI (Gastrointestinal) Society is committed to improving the lives of people with GI and liver conditions, supporting research, advocating for appropriate patient access to healthcare, and promoting gastrointestinal and liver health.

We are a national charity formed in 2008 on the groundwork of its partner organization, the Canadian Society of Intestinal Research (CSIR), which was founded in Vancouver in 1976. We receive national and international attention, simply because we have earned the respect of both the gastrointestinal medical community and Canadians who battle GI and liver issues daily. Our English and French websites received 6,903,208 pageviews by 5,174,016 unique visitors in 2022.

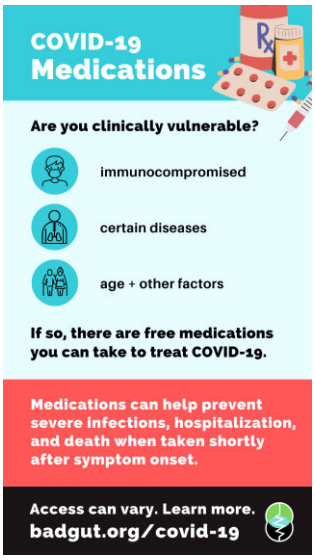
All our programs and services focus on providing Canadians with trusted, commercial-free, medically-sound information on gut (including obesity) and liver diseases and disorders in both official languages. Our BadGut® lectures, quarterly *Inside Tract*® newsletter, pamphlets, support groups, and educational videos arm Canadians with the information they require to better understand and manage their specific needs. We also work closely with healthcare professionals and governments at all levels toward system-wide improvements in care and treatment.

2. Information Gathering

The information we used to complete this submission was obtained primarily through meetings and discussions we have had with healthcare professionals, researchers, and academics, and first-hand experiences among staff who were affected by COVID-19.

We developed the COVID-19 Resource Hub, available in English (https://badgut.org/covid-19/) and French (https://badgut.org/covid-19-fr/?lang=fr), to support individuals across Canada affected by COVID-19 infections. It includes comprehensive information on prevention, testing, variants, treatments, nutrition, and how the virus affects the gut.

Since our focus as an organization is on gastrointestinal (including obesity), and liver conditions, this submission will discuss the impacts of COVID-19 on the digestive tract.



3. Disease Experience

The COVID-19 global pandemic was triggered by the spread of severe acute respiratory syndrome coronavirus-2 (SARS-CoV2). In Canada, the pandemic was declared in March 2020, leading to federal and provincial public health regulations aimed at limiting the spread of the virus. It has infected millions of Canadians, with more than 53,500 deaths so far.

The most common symptoms of COVID-19 are fever, tiredness, dry cough, difficulty breathing, aches and pains, nasal congestion, and a sore throat. They can also involve atypical symptoms, such as loss of smell or taste, or gastrointestinal (GI) symptoms such as nausea, vomiting, diarrhea, and abdominal pain. These can range from mild to severe. Children can also experience all these symptoms, with studies showing that they can affect up to a quarter of children infected with COVID-19.

Certain individuals are at increased risk of hospitalization or death from a COVID-19 infection. This includes people with a health condition that weakens their immune system (immunocompromised) and people who are considered clinically extremely vulnerable (CEV), such as those taking treatments for cancer, immunosuppressive treatment, high dose of steroids, and/or biologics (e.g., some medications for inflammatory bowel disease, primarily Crohn's disease and ulcerative colitis). Several conditions are also associated with CEV or high risk, such as being of advanced age, smoking tobacco, and having medical conditions such as obesity, diabetes, kidney disease, and alcohol use disorder.

The impact of COVID-19 on the digestive tract occurs in two primary ways. The first effect is that the virus attacks the body by interacting with the angiotensin converting enzyme 2 (ACE2) receptor, which is present in many organs and common on the cells that line our body surfaces, especially in the GI tract. When the virus binds to these receptors, it can cause damage and affect the intestinal lining, leading to diarrhea, stomach upset, vomiting, and inflammation. Severe cases may even lead to obstructions, co-infections, or intestinal necrosis and organ failure.

The other way COVID-19 affects the GI tract is by modifying the microbiome. Our gut microbiome is composed of trillions of bacteria and other microorganisms that help with metabolism, digestion, fighting infection, and mood regulation. Damage to the gut microbiome can lead to opportunistic infections, severe GI symptoms (pain, nausea, diarrhea), and even anxiety and depression.

Sadly, despite a history of infection with COVID-19, it is possible to contract the virus again. Several significant mutations to the virus continue to occur leading to variants of concern, so people reinfected with COVID-19 can experience similar or additional symptoms with the disease. There is little information and controlled research in this area, so we still do not fully understand the timeframe and other parameters of reinfection.

Although the World Health Organization declared the pandemic to be over on May 5, 2023, COVID-19 continues to mutate and create variants of concern, so the availability of effective vaccines and treatments remains paramount.

4. Experiences With Currently Available Treatments

There are a wide range of treatments available for COVID-19. Some are for prevention, including vaccines, while others focus on treating the infection. For this submission, we will focus on medications that treat a COVID-19 infection.

Cilgavimab and tixagevimab (Evusheld™) is indicated for the treatment of mild to moderate COVID-19 infection in those 12 years of age or older. It must be administered within 7 days of symptom onset to help reduce the risk for a severe infection. It is also the only medication currently approved for the prevention of COVID-19. It is administered as two intramuscular injections at the same time in separate locations of the body. It is approved for use in those who are immunocompromised and unlikely to mount an adequate response to COVID-19 vaccination or in those for whom COVID-19 vaccination is not medically recommended. While studies show that protection lasts at least 6 months after treatment administration, it is not expected to have significant protection against newer Omicron variants.

Remdesivir (Veklury®) is administered by intravenous (IV) infusion in a healthcare setting, once daily for 3 days. It is used for in-hospital patients and for those who are at high risk of hospitalization or death due to COVID-19. This medication is available for use in children and adults.

Bamlanivimab is only available for individuals who are at high risk of disease worsening. It is administered as a single IV infusion in a healthcare setting. Its use and availability vary by province and territory, with some jurisdictions advising against their use since its effectiveness against the virus is still being studied.

Casirivimab and imdevimab is a combination medication administered as a single IV infusion for the treatment of COVID-19 in people 12 years of age and older who are at high risk of being hospitalized or dying due to infection. However, similar to bamlanivimab, its use also varies by province and territory, with some jurisdictions advising against using it.

Sotrovimab (Xevudy®) is another IV medication available for people 12 years of age and older who are at high risk of hospitalization or death due to the infection. Similar to bamlanivimab and combination therapy casirivimab and imdevimab, Xevudy® is being assessed for its effectiveness and its availability varies across Canada.

Although it appears that individuals have a few options to protect them from severe COVID-19 infection or death, these treatments are difficult to access and may be limited in their effectiveness against the newer variants. Others require further research as provincial health regulators advise against their use, despite approval from Health Canada.

5. Improved Outcomes

Individuals who are at increased risk for severe COVID-19 need access to treatments that are effective against the newer variants. Since individuals who have a higher risk often live with an existing acute or chronic condition(s), they need a variety of treatments that do not present contraindications with their current medicines and therapies. Due to the highly infectious nature of COVID-19, people must also be able to take these treatments at home.

6. Experience With Drug Under Review

Paxlovid™ is a preferred option for many individuals since it is the only oral medication available in Canada and it is effective against Omicron variants. Other treatment options require administration by a healthcare professional in a hospital or clinic. Also, staying home while sick with COVID-19 is best practice to prevent the spread of disease.

Unfortunately, Paxlovid™ is challenging to access, especially in a timely manner, since it must be taken within 5 days of symptom onset. The administrative process required to access this treatment can be lengthy, and the criterion for eligibility varies by jurisdiction, with some enforcing stricter parameters for access.

In BC, for example, a person needs to take an eligibility test online. To qualify, you must have mild to moderate symptoms, tested positive in the past 7 days, and be immunocompromised or considered clinically extremely vulnerable, or possess two of the following: older than 70 years of age, unvaccinated, and/or have one or more serious chronic medical conditions.

If you meet these criteria, you will receive a phone number for Service BC to further discuss treatment eligibility with an agent. You will need to relay your medical information again. The agent representative cannot provide medical advice or answer medical questions. Within 3 days of this phone call, a healthcare provider will contact you to conduct a clinical assessment. A medical team will then decide if it is safe for you to receive treatment, and if approved, will then provide you steps on how to fill your prescription. It is important to highlight that to be effective, you must take Paxlovid™ within 5 days of symptom onset.

Clearly, the process of obtaining a prescription can take up to 3 days or more in BC. With delays to access, individuals with a high risk of severe disease might end up in the hospital, experience worsening of symptoms associated with COVID-19 and/or their pre-existing conditions, or worse, death. Despite the abundant supply of Paxlovid™ during the pandemic, patients have reported going to hospitals, which are already under ongoing strain with lengthy wait times resulting from the pandemic. The strict measures preventing access have also led to wasted, unused products. Yet, this process can be seamless for patients in other provinces, such as Ontario and Quebec, as they have expanded the eligibility parameters for the medication.

7. Companion Diagnostic Test

Not applicable.

8. Anything Else?

n/a

Appendix: Patient Group Conflict of Interest Declaration

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   No.

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

   No.

3. List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

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Pfizer 2023 and 2022				X

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Gail Attara
Position: President and Chief Executive Officer
Patient Group: Gastrointestinal Society
Date: 2023-09-15

Name of the Drug and Indication	**Paxlovid (Nirmatrelvir-ritonavir)** **for the treatment of mild-to-moderate COVID-19**
Name of the Patient Group	**Lung Health Foundation / The Ontario Lung Association**
Author of the Submission	**Jess Rogers, Vice President, Programs, Research and Public Affairs**

1. About Your Patient Group

The Lung Health Foundation (legal name: Ontario Lung Association) is registered with the CADTH and pCODR (www.lunghealth.ca). The Lung Health Foundation is a registered charity that assists and empowers people living with or caring for others with lung disease. It is a recognized leader, voice and primary resource in the prevention and control of respiratory illness, tobacco cessation and prevention, and its effects on lung health. The Foundation provides programs and services to patients and health-care providers, invests in lung research and advocates for improved policies in lung health. It is run by a board of directors and has approximately 46 employees, supported by thousands of dedicated volunteers.

2. Information Gathering

The information provided from the Lung Health Foundation in this submission was obtained from an online survey and one phone interview that was conducted in January 2023. The interview was with a female patient living with long covid in the province of Ontario who is over the age of 50. There were 160 survey respondents, one of whom identified as having long covid, the remainder of whom identified as having various lung and respiratory conditions. Demographic data was not collected from this group of respondents. Input from two Certified Respiratory Educators (CRE) were also included based on information gathered from individual phone calls and monthly support groups attended by patients and their caregivers, some of whom have experienced long covid. A third CRE reviewed sections related to disease experience, experiences with available treatments and outcomes.

3. Disease Experience

Patients expressed that they found it difficult to cope with long covid on a daily basis and that the effects from it were at times "debilitating". The most common symptoms reported were extreme tiredness and fatigue that interferes with daily life, followed by difficulty thinking or concentrating, headaches and in one person, muscle / joint pain. The one patient interviewed reported that she was "exhausted, short of breath and extremely anxious for many months". These symptoms worsened after any physical or mental activity. Daily activities such as using stairs, having a shower or doing housework were difficult and drained what little energy they had. Hobbies, seeing friends and socializing were halted. Depression and anxiety were other themes that came up repeatedly for patients as they lived through the months, and for one person more than a year, of long covid symptoms.

Patients also found the psychosocial effects of having an illness with no immediate answers or solutions challenging. Some of the psychosocial effects reported were distress, isolation, and low emotional well-being. They reported withdrawing from all activities because they "simply did not have the energy required to get ready and go out."

A direct quote from one the contributing CRE's to this submission reads; "It is important to note that long covid appears to affect people of all ages and for many of those, with no pre-existing medical conditions. I met patients who were in their thirties with no previous lung conditions who now struggle to walk up the stairs and I have also encountered elderly patients with COPD whose symptoms became much worse after contracting covid. Long covid does not seem to target people of a specific demographic or people who are in poor health (multiple comorbidities)."

4. Experiences With Currently Available Treatments

There were no specific long covid treatments offered or tried by the respondents. They were given puffers to assist with their shortness of breath which did provide short-term benefits from a breathing perspective for some (but not all) of the respondents but did not provide any help with the long covid symptoms such as their extreme fatigue low energy and difficulty concentrating on tasks. It is noteworthy that for the patients who had some benefit from the puffers, they were not happy or satisfied with this being their "new norm" and were upset that they now must rely on puffers when they had never been prescribed them before.

When asked, they would have been open to trying treatments for long covid, assuming they were accessible and affordable. Finally, it is also note-worthy that those with other respiratory illnesses / diseases shared they knew the stakes were higher for them and the fears that accompany that knowledge can be “all-consuming”.

5. Improved Outcomes

Our respondents would hope to be offered medications that are effective in managing the symptoms of long covid, but with the ultimate goal of curing it. They shared the elevated mental and emotional burden that comes from living with long covid can be frightening, overwhelming and disheartening. Ideally, they would like treatments with minimal side effects so that they can continue with regular activities while on treatment. The importance of maintaining some quality of life cannot be overstated.

6. Experience With Drug Under Review

No patients within this evidence group submission had experience with the medication under review.

7. Companion Diagnostic Test

Not applicable

8. Anything Else?

Not applicable

Appendix: Patient Group Conflict of Interest Declaration

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1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

No

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it

No

3. **List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.**

Company	Check Appropriate Dollar Range			
	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Pfizer				X

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Jess Rogers

Position: Vice President

Patient Group: Lung Health Foundation/Ontario Lung Association

Date: 25 September 2023

Name of Drug: **nirmatrelvir-ritonavir Paxlovid®**
Indication: **For the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19).**
Name of Patient Group: **Save Your Skin Foundation**
Author of Submission: **Kathy Barnard**

1. About Your Patient Group

Save Your Skin Foundation (SYSF) is a national patient-led not-for-profit group dedicated to the fight against non-melanoma skin cancers, melanoma and ocular melanoma through nationwide education, advocacy, and awareness initiatives. SYSF provides a community of oncology patient and caregiver support throughout the entire continuum of care, from prevention and diagnosis to survivorship.

Website: https://saveyourskin.ca/

2. Information Gathering

We gathered the following information through an online survey that was widely shared across various social media platforms and newsletters. The data collection covered sections 3, 4, 5, 7, and 8 and encompassed all types of cancer patients, totalling (38) individuals. This group includes (18) patients who have received the treatment under review. The data was collected over the course of the past month and is specific to patients within Canada.

Our surveys were available in both English and French languages, and the data presented here consolidates responses from both versions. Of the respondents, there were (26) females and (12) males. They fell into the following age groups: 30-49 (5 individuals), 50-59 (12 individuals), 60-69 (12 individuals), and 70-79 (9 individuals).

The survey participants were distributed across various Canadian provinces: British Columbia (6 respondents), Alberta (4 respondents), Saskatchewan (1 respondent), Manitoba (1 respondent), Ontario (17 respondents), Quebec (7 respondents), and 1 respondent from outside of Canada (Italy & France).

All the survey participants shared common factors that placed them at high risk of severe progression if they were to contract COVID-19. Specifically, (19) respondents were 60 years of age or older, (2) had not received all of Health Canada's recommended COVID-19 vaccine doses, (13) had a chronic medical condition such as moderate to severe asthma, dementia, diabetes, heart disease, high blood pressure, kidney disease, liver disease, lung disease, or stroke. Additionally, (33) respondents were immunocompromised due to factors like underlying medical conditions (such as cancer), medications that reduce the immune response (e.g., chemotherapy), or having had a solid organ or blood stem cell transplant. There was also (1) respondent with a body mass index (BMI) of 40 or more and (1) respondent who selected "other" and reported multiple chemical sensitivities, drug allergies, and chronic fatigue.

3. Disease Experience

Here are the reported symptoms and their frequencies among the patients:

- Fever or chills (25 patients)
- Cough (26 patients)
- Shortness of breath or difficulty breathing (18 patients)
- Fatigue (30 patients)
- Muscle or body aches (22 patients)
- Headache (25 patients)
- Loss of taste or smell (9 patients)
- Sore throat (18 patients)

- Congestion or runny nose (28 patients)
- Nausea or vomiting (6 patients)
- Diarrhea (7 patients)
- Phlegm - severe (1 patient)
- Increased heart rate (1 patient)
- Dizziness (1 patient)

On average, patients rated the severity of their symptoms at 3.2 out of 5. Some of these patients required hospitalization due to the effects of COVID-19. All patients indicated that their symptoms had some level of impact on their day-to-day lives.

Here are some quotes from patients:

"My symptoms progressed and included neurological issues such as strong headaches and associated disturbances, as well as visual disturbances. These issues have persisted for 8 to 9 months after the initial infection."

"I was hospitalized due to a high fever, and that's how my COVID-19 diagnosis was made."

"During my second bout with COVID-19, I lost my sense of smell and taste. The first time, it took me 3 months to fully recover. The second time, it took about 2.5 months, but it felt worse than the first."

"I spent 10 days in the ICU."

"My symptoms continued for 6 months, and I was hospitalized three times during that period."

4. Experiences With Currently Available Treatments

The survey results reveal that a majority of respondents have not received treatment for COVID-19, with the following breakdown:

- 19 respondents indicated that they have taken every COVID-19 treatment available to them. (not exclusive to Paxlovid®.)
- 13 respondents reported that they have never been offered any treatment for COVID-19.
- 3 respondents were offered treatment but refused to accept it.

3 respondents skipped this question.

For some respondents, accessing COVID-19 treatment was challenging due to various reasons:

- 3 respondents mentioned the difficulty of meeting a tight timeline for receiving treatment (within five days of manifesting COVID-19 symptoms).
- 1 respondent highlighted the unavailability of COVID-19 tests as a barrier.
- 3 respondents selected "other" reasons that hindered their access to treatment.

Notably, Paxlovid® emerged as the most frequently used COVID-19 treatment among the respondents. However, other treatments were also reported:

- Remdesivir (Veklury®) was utilized by 4 respondents.
- Tixagevimab and cilgavimab (Evusheld®) were used by 2 respondents.

- Evusheld was used by 1 respondent.

The survey data suggests that there is a gap in access to COVID-19 treatment, with a significant number of respondents reporting not having received any treatment or not having been offered treatment. This highlights the need for improved accessibility and information dissemination regarding COVID-19 treatments.

Efforts should be made to address the barriers that some respondents faced in accessing treatment, such as the tight timeline for treatment initiation, test availability, and other factors. These findings underscore the importance of a comprehensive and accessible approach to COVID-19 treatment.

5. Improved Outcomes

The survey results have revealed several barriers and challenges in accessing COVID-19 treatment, including:

- *Tight timeline from being diagnosed to being able to qualify for COVID-19 treatment*
- *Pharmacist refusing to give treatment*
- *Lack of supply in certain areas*
- *Paxlovid® not being offered to patients*

Here are some quotes from patients:

"Really tight timeline"

"My husband had to drive me to another city an hour away to get the medication"

"Yes, my local pharmacy didn't want to prescribe it for me because of my health history. I had to ask my family doctors administrators to track her down ASAP to write me a script. It took about 6 hours to get access to it."

6. Experience With Drug Under Review

Out of the (38) patients who responded to the survey

- (19) had treatment for COVID-19
- (18) of those patients took the drug under review, Paxlovid®

How many patients were offered Paxlovid® by a doctor or Pharmacist

- (11) responded that Paxlovid® was offered to them
- (6) suggested the use of Paxlovid® to their doctor or pharmacist

How many patients had Paxlovid more than once

- (16) Paxlovid® only once and
- (1) received Paxlovid® more than once.

When discussing Paxlovid® with your doctor or pharmacist, patients found the possible side effects were explained to them thoroughly?

- (12) Yes, the side effects were completely explained to me
- (3) The side effects were somewhat explained, but I could have used more information
- (2) No, the side effects were not explained to me
- (1) Does not recall

Patients experience with Paxlovid ® varied:

- Did not experience any side effects (6)
- Altered sense of taste (6)

- Diarrhea (1)
- Muscle pain (1)
- Vomiting (1)
- Headache (4)
- Abdominal pain (2)
- Nausea (3)
- General discomfort (2)
- Allergic reaction (severe) (1)

However, on average those who responded on their experience with Paxlovid® rated their experience on average at 2 out of 5. Most noticed their symptoms of COVID-19 changed after receiving Paxlovid®.

- (7) stated that Symptoms dramatically improved
- (5) Symptoms improved a bit
- (2) Symptoms improved, but seemingly on a normal timeline (as if you had not received the treatment in question)
- (1) Symptoms dramatically worsened.

7. Companion Diagnostic Test

In this section, we are interpreting "Companion Diagnostic" as the challenges and difficulties related to COVID-19 and access to COVID-19 treatment.

One of the primary concerns for patients was the limited window of opportunity to access Paxlovid®. The following issues were frequently encountered by patients when seeking Paxlovid®:

- Tight timeline from being diagnosed to being able to qualify for COVID-19 treatment
- Pharmacist refusing to give treatment
- Lack of supply in certain areas
- Paxlovid® not being offered to patients
- Unavailability of COVID-19 tests

Survey participants noted that the short timeline required to receive Paxlovid ® was a hardship between displaying symptoms, testing positively for COVID-19, and accessing Paxlovid, especially in cases where the pharmacy was closed or did not have Paxlovid ® in stock.

Here are some quotes from patients:

"It was difficult to get the Paxlovid due to the Pharmacy hours of operation, lack of delivery service"

"Pharmacist initially refused to prescribe, but then changed his mind and called back…"

"Could not get it from the pharmacist due to my kidney and liver issues. Needed to see a doctor for a prescription. Had to get to doctor asap despite being very sick. Forced to make a quick decision because the treatment window was almost over. Had to find a pharmacy that would deliver asap."

"Pharmacist initially refused to prescribe, but then changed his mind and called back"

To most patients & their family members & caregivers, receiving treatment for Paxlovid® was important.

Some quotes from patients on the importance of their personally receiving the treatment in question:

"Very important. The Paxlovid option gave me and my oncologist reassurance when I was travelling."

"Because it was advised by the physician, I took this drug. My breathing difficulties were advancing at the time that COVID was evident."

"Incredibly important. Given how quickly and severely my symptoms came on, I'm certain I would have ended up hospitalized without it."

8. Anything Else?

As patient advocates, we deeply appreciate the significant progress that innovative treatments have brought to the field of medicine, instilling hope, and improving survival rates for countless individuals. However, it is equally crucial to acknowledge the challenges faced by patients who find themselves without access to these advancements. When a treatment is not universally available in all urban centers, it creates disparities in patient access, often forcing them to endure additional hardships to secure it. Ensuring that patients are aware of the available treatment options is of importance.

At SYSF, through our collaboration with cancer advocates across Canada and worldwide, we have gained valuable insights into the real-life experiences of patients receiving the treatment of Paxlovid®. Our aspiration is that by advocating for the adoption of Paxlovid®, we can extend the same benefits and opportunities to Canadians, fostering equitable access to this promising treatment option.

Other important information from the survey*:*

- On a scale from 1-10, with 10 being "critically important," participants on the English survey rated access to Paxlovid® as a 9.2; the French survey rated this as an 8.5
- Survey participants with comorbidities noted that their COVID-19 symptoms exacerbated their other symptoms, as per these patient quotations:
    - *"Was receiving targeted therapy at the time, obinutuzumab, I couldn't shake off the symptoms, developed pneumonia"*
    - *"Long covid I was positive for 10 months. I had covid soon After my last [chemo]"*
    - *"I'm already on pain meds, so they make me tired and COVID added on to it"*
    - *"Probably. What might have increase[d] the symptoms are the asthma, the sleep apnea (not able to wear my CPAP machine), obesity"*
    - *"Coughing as I have one lung"*
- A participant highlighted the challenge of going to the hospital to receive Paxlovid® rather than the pharmacy, given the overwhelm on the medical system from COVID-19: ***"Because of the asthma, I had short breath and the pharmacist refused to give me the medication, but recommended I go to the hospital to receive the medication via IV and to be monitored. I didn't go as I the ERs were so overflowing"***

- Survey participants rated the side effects of Paxlovid® as a 3.2 (3.5 on the French survey) out of 5 on a scale where 5 indicated highest severity, whereas they marked the side effect severity of Paxlovid® as a 1.9 (2 on the French survey). This significant decrease demonstrates that participants found the side effects related to Paxlovid® were more manageable than those associated with COVID-19, which can be a meaningful difference to those with comorbidities (as seen above).

Appendix: Patient Group Conflict of Interest Declaration

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NO

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YES. The following patient groups helped share this survey with their members to spread our reach.

List of supporters:

1. The Colorectal Cancer Resource & Action Network (CCRAN)
2. The Leukemia & Lymphoma Society of Canada
3. Kidney Cancer Canada
4. Lung Cancer Canada
5. Canadian Cancer Survivor Network
6. CanCertainty
7. Canadian Skin Patient Alliance (CSPA)
8. Canadian Psoriasis Network

3. List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

Table 1: Financial Disclosures

Check the Appropriate Dollar Range With an X. Add additional rows if necessary.

Company	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Pfizer(for melanoma education and awareness)				50000

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Kathleen Barnard
Position: President
Patient Group: Save Your Skin Foundation
Date: Sept 10th 2021

Name of Drug: < nirmatrelvir-ritonavir>

Indication: < Mild-to-moderate COVID-19, treatment>

Name of Patient Group: <Sickle Cell Awareness Group of Ontario>

Author of Submission: <Lanre Tunji-Ajayi, M.S.M>

1. About Your Patient Group

The Sickle Cell Awareness Group of Ontario (SCAGO) started as Seed of Life Philanthropic Organization (SOLPO) in memory of a brave young man—Sunday Afolabi—on June 14th, 2005. SCAGO is a leading charitable patient organization providing evidence-based support to families with children, adolescents, and adults, with sickle cell disease across the four regions of the province. It supports clinical and psycho-social research, health promotion, patient and care providers' education, community awareness, and the development of best practices guidelines. For more information on SCAGO, please visit: www.sicklecellanemia.ca

2. Information Gathering

The SCAGO recently concluded a PHAC funded study on Covid-19 and vaccination. During the course of the project, focus group interviews and surveys were conducted with over 200 people affected by sickle cell disease. Similarly, a lot of webinars and peer support meetings around COVID-19 were done and from the data collected, it was evident that people with SCD if contracted COVID-19 might fare worse than their peers without SCD.

As such it becomes doubly important to ensure that patients have access to appropriate treatments that would improve their chances of better outcomes if contracted COVID-19

3. Disease Experience

People with sickle cell disease face debilitating complications as the disease touches every organ of the body- the kidney, liver, heart, brain, eyes, ears etc.

Infection is also very common with the disease and as such, children with SCD are placed on prophylaxis penicillin. Sickle Cell Disease is a life-threatening disorder and every precaution must be taken to ensure patients do not contract unnecessary infections nor suffer preventable complications.

Many peers with SCD also experience vaso-occlusive pain crisis (hall mark of disease) and frequent hospitalizations leading to absenteeism in school, work and social events impacting the quality of the sufferer's life as well as their caregiver's.

4. Experiences With Currently Available Treatments

Many patients with sickle cell disease do well on hydroxyurea, a disease modifying therapy. However, there are many others whose prescribed treatment option is continuous blood transfusion.

For Covid-19 treatment, having nirmatrelvir-ritonavir as a treatment option for sickle cell patients would also be very helpful in reducing COVID-19 related complications.

5. Improved Outcomes

Sickle Cell Disease is a life-long disease that finds most of its sufferers in continuous hospital admissions. With SCD patients also susceptible to infection, having a treatment that will reduce Covid19 complications including hospital admission, should they contract the disease would allow more patients to have improved outcomes and quality of life despite COVID-19.

6. Experience with Drug Under Review

While we do not currently have patients, who have experience with the drug, there is perceived value of this drug for patients with high susceptibility to infections such as sickle cell patients. As such, we believe there is value in this drug as it would be very helpful in improving health outcomes for patients with sickle cell disease who might contract Covid 19

7. Companion Diagnostic Test

Not Applicable

8. Anything Else?

As a patient advocacy and support organization, the Sickle Cell Awareness Group of Ontario (SCAGO) believes that nirmatrelvir-ritonavir will provide Ontarians living with sickle cell disease, who require treatment for Covid 19 as a treatment option. With the foregoing, the SCAGO is recommending where nirmatrelvir-ritonavir meets CADTH reimbursement criteria to be duly reimbursed in Canada.

In the long run, this will reduce preventable deaths and the burden on the Canadian health system budget.>

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Pfizer		$10,000		

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Name: Lanre Tunji-Ajayi
Position: President/CEO
Patient Group: Sickle Cell Awareness Group of Ontario
Date: August 23, 2023

Patient Group: International Federation on Ageing

Comments by the International Federation on Ageing (IFA) to CADTH

Coronavirus disease 2019 (COVID-19) remains prevalent in Canada and around the world. Evidence has shown that age, alongside chronic medical conditions, are strong risk factors for severe and life-threatening outcomes from COVID-19 infection. Compared to those aged 18-29 years, the risk of COVID-related death is 25-fold higher in those aged 50-64 years, 60-fold higher for individuals aged 65-74 years, and 340-fold higher in those aged 85 years or more.

To counteract and respond to the devastating consequences of COVID-19, the Government of Canada's top priority throughout the pandemic has been to mobilize Canada's health research community to respond to the crisis. Although great achievements have been made in COVID-19 research, including vaccination, older adults are not a homogenous population; therefore, a diverse array of interventions against COVID-19 is important to accommodate the various lifestyles and experiences.

The COVID-19 antiviral nirmatrelvir-ritonavir (Paxlovid) has been granted authorization or approval in several countries, including Canada, for the treatment of patients with mild to moderate COVID-19 symptoms. The oral antiviral therapeutic intervention drug significantly reduces hospital admissions and deaths among people with COVID-19 who are at high risk of severe illness, including older adults and individuals with underlying comorbid conditions. Studies have shown the compelling efficacy of the drug when considering a reduction in mortality and hospitalization rates in patients with COVID-19.

Currently, Paxlovid is procured by the government of Canada and made available to provinces, with access points in pharmacies. Province-dependent, narrow eligibility criteria have led to barriers in accessing the COVID-miCgaCon tool, with the most at-risk populations at risk.

With strict and varying eligibility criteria across provinces, barriers to accessing Paxlovid aggravate the burden of an already strained Canadian health system that is impacting the degree to which healthcare professionals can respond to patients' needs. Barriers to accessing Paxlovid can also exacerbate inequities already prevalent, particularly in congregate settings, such as long-term care facilities, which have an increased risk and exposure to respiratory infectious diseases, including COVID-19.

Ensuring standardization of eligibility criteria (namely adults 60 years and older and high-risk people with underlying medical conditions, regardless of vaccination status), universal ease of access, and affordability of Paxlovid will warrant that millions of people who are at the highest risk of severe illness and least able to afford and access the drug, are protected to receive the lifesaving treatment. Investment in health is necessary for economic prosperity, with heightened impact given that ageing is the largest growing business in the world.

Aligned with the mission to improve patient care for at-risk persons, the IFA is committed to addressing gaps and exploring the latest trends in treatment and outcomes related to COVID-19 patient complications, of which older adults are at increased risk. Patients have the right to a diverse array of accessible and equitable COVID-intervention options that address their health needs, accommodate their lifestyles, and enable the best health and quality of life possible. The rights of older Canadians to equitable access to Paxlovid is a human right.

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   <no>

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

   <Preliminary meeting with Pfizer Canada to understand and get more information of COVID-19 antiviral nirmatrelvir-ritonavir (Paxlovid) >

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Company	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
<Pfizer>				X
<GSK>				X
<Moderna>				X
<Sanofi>				X
<MSD>				X

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: <Roxana Badiei>
Position: Policy and Advocacy Program Lead
Patient Group: International Federation on Ageing
Date: 9/12/2023