





Awareness and Access to COVID-19 Oral Antiviral Treatments Among U.S. Patients with Chronic Conditions

A NATIONAL SURVEY STUDY

Robert Popovian, PharmaD, MS

Chief Science Policy Officer, Global Healthy Living Foundation Senior Health Policy Fellow, Progressive Policy Institute Visiting Health Policy Fellow, Pioneer Institute

About This Survey

In April 2025, the Global Healthy Living Foundation launched the COVID-19 Antiviral Access Survey to better understand the experiences of patients — who had a positive test of COVID-19 infection — in accessing oral antiviral treatments for COVID-19. This survey explores the barriers, facilitators, and overall awareness surrounding antiviral care, particularly among high-risk populations.

Survey Authors

Shilpa Venkatachalam, PhD, MPH Ambika Vartak, MPH Ian Carroll, MS Ben Blanc, MS

Reporting: Erik Stone

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Survey Highlights

- Nearly **9 out of 10 patients** with a confirmed positive COVID-19 test and chronic conditions (**88.5**%) were aware of oral antivirals, but only 56% were prescribed one after testing positive—highlighting a gap between awareness and clinical utilization.
- 2 91% of patients who were prescribed antivirals took them as directed.
- There is an **alarmingly high** rate of missed opportunities for timely intervention in high-risk populations: **15**% of patients were not prescribed antivirals because their provider never discussed it, while another **11**% were not prescribed antivirals because they were unsure about eligibility.
- During the survey period, antivirals were free for patients and widely available. However, now that federal support has ended, disparities in the care of patients with chronic conditions **may worsen** due to such patients now potentially facing new barriers related to cost, insurance coverage, and access to testing.



Abstract

COVID-19 continues to pose a serious health threat, particularly to individuals with chronic conditions. This national survey study assessed awareness, access, and barriers to oral antiviral treatments among U.S. patients with chronic diseases diagnosed with COVID-19. The survey included 871 qualified respondents. While 88.5% were aware of oral antivirals, only 56% were prescribed one, primarily Paxlovid. Most patients who received antivirals reported timely access and successful adherence. However, among those who were not prescribed antiviral treatment, common reasons included mild symptoms, lack of discussion with a provider, or confusion about eligibility. The survey period coincided with broad federal support that eliminated out-of-pocket costs and expanded at-home testing availability. As such, with federal support now phased out, access inequities and challenges, including increased out-of-pocket costs for patients, may become more pronounced. These findings underscore the need for sustained efforts by policymakers, insurers, and healthcare providers to preserve access to antivirals for high-risk populations and improve awareness of their benefits.

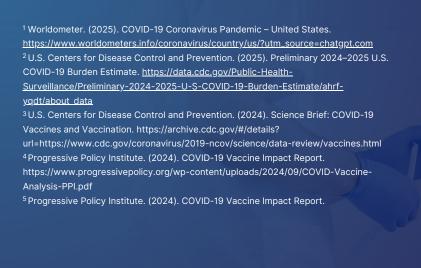


Prevalence of COVID-19 in the United States

Since the start of the COVID-19 pandemic in 2020, over 1.2 million Americans have died due to SARS-CoV-2 infection, according to cumulative tracking data.¹ While national case rates have declined, the virus remains a significant public health burden. Between May 2024 and May 2025 alone, an estimated 50,000 additional deaths were attributed to COVID-19.² These numbers highlight the persistent threat of COVID-19 and the continued need for preventive measures and therapeutic interventions, especially for older adults and high-risk populations.

Vaccination as a Preventive Strategy

Vaccination has been instrumental in mitigating the severity and fatality of COVID-19 across all demographic groups. Data from the CDC confirms that COVID-19 vaccines significantly reduce the risk of severe illness, hospitalization, and death.³ A 2024 study by the Progressive Policy Institute estimated that COVID-19 vaccines saved 2.9 million lives, prevented 12.5 million hospitalizations, and avoided \$500 billion in hospitalization-related costs in the U.S. alone.⁴ The analysis further emphasized the importance of repeated booster doses for individuals aged 50 and older, who derived the most benefit in terms of reduced morbidity and mortality.⁵





COVID-19 Immunization Rate in the U.S.

Over the past two years, approximately 30% of fee-for-service Medicare beneficiaries, 65 years and older, have received the COVID-19 vaccine. The rates of immunization are significantly lower for racial and ethnic minorities.⁶

2023-2024

Race/Ethnicity	% of 65+ year olds immunized
Overall	30.10%
White non-Hispanic	30.90%
Black non-Hispanic	23.30%
Asian non-Hispanic	23.30%
Hispanic	23.30%

Antiviral Treatment of COVID-19

Antiviral treatments have complemented vaccination efforts by reducing disease severity in patients who test positive for COVID-19. Paxlovid (nirmatrelvir–ritonavir), an oral antiviral treatment developed by Pfizer, received Emergency Use Authorization (EUA) from the FDA on December 22, 2021, for use in high-risk patients aged 12 and older with mild-to-moderate COVID-19. In May 2023, the FDA fully approved Paxlovid as the first oral antiviral for the treatment of COVID-19 in adults. The treatment was developed to provide early, accessible outpatient treatment to prevent progression to severe disease and death. In the EPIC-HR Phase 2/3 trial, treatment with Paxlovid within three days of symptom onset reduced the risk of COVID-19-related hospitalization or death by 6.32 percentage points compared to placebo.8

⁶ https://www.cdc.gov/covidvaxview/weekly-dashboard/adults-65yrs-older-vaccination.html

 $^{{\}it 7}\ https://www.fda.gov/news-events/press-announcements/fda-approves-first-oral-antiviral-treatment-covid-19-adults$

⁸ Hammond J, Leister-Tebbe H, Gardner A, Abreu P, Bao W, Wisemandle W, et al. (2022). Oral Nirmatrelvir for High-Risk, Nonhospitalized Adults with Covid-19. New England Journal of Medicine, 386(15):1397–1408. https://pmc.ncbi.nlm.nih.gov/articles/PMC8908851/

Real-world effectiveness was confirmed in a Canadian population-based study, which found that hospital admission or death occurred less frequently among patients who received nirmatrelvir–ritonavir versus those who did not. In a study published in February 2025, researchers found that the elderly (50+) had greater risk reduction when treated with Paxlovid. Hospitalization and mortality were reduced by 39% and 61%, respectively. Researchers did observe lower treatment with Paxlovid among black and Hispanic patients. In a clinical trial of molnupiravir, patients had a lower hospitalization rate. Fewer deaths occurred in the molnupiravir group, as well.

Purpose of the Survey Study

Despite the proven efficacy and safety of vaccines, including those for COVID-19, widespread misinformation and skepticism have contributed to significant vaccine hesitancy among adults in the United States. The efficacy and safety of vaccines, including those for COVID-19, have been studied extensively over the past several years. Since their introduction in 2021, COVID-19 vaccines have undergone large-scale real-world evaluation based on widespread uptake across the population.

The reality is that the COVID-19 virus continues to pose a serious public health threat, as evidenced by recent morbidity and mortality data from the Centers for Disease Control and Prevention (CDC). Considering the ongoing circulation of the virus and persistent vaccine hesitancy, ensuring timely and equitable access to effective antiviral treatments remains critical, especially for at-risk patient populations.

This survey study was conducted to assess the barriers to accessing antiviral therapy among patients with chronic conditions who tested positive for COVID-19. The objective is to identify systemic challenges and inform strategies to improve treatment access for vulnerable populations.

⁹ Schwartz KL, Wang J, Tadrous M, Langford BJ, Daneman N, Leung V, et al. (2023). Population-based evaluation of the effectiveness of nirmatrelvir–ritonavir for reducing hospital admissions and mortality from COVID-19. Canadian Medical Association Journal, 195(6):E220–E226. https://pmc.ncbi.nlm.nih.gov/articles/PMC9928441/?utm_source=chatgpt.com#b1-195e220

¹⁰ Bhatia A, Preiss AJ, Xiao X, Brannock MD, Alexander GC, et al. (2025) Effect of nirmatrelvir/ritonavir (Paxlovid) on hospitalization among adults with COVID-19: An electronic health record-based target trial emulation from N3C. PLOS Medicine 22(1): e1004493. https://doi.org/10.1371/journal.pmed.1004493

¹¹ Jayk Bernal, A., Gomes da Silva, M. M., Musungaie, D. B., Kovalchuk, E., Gonzalez, A., Delos Reyes, V., Martín-Quirós, A., et al. (2022). Molnupiravir for oral treatment of COVID-19 in nonhospitalized patients. The New England Journal of Medicine, 386(6), 509–520. https://doi.org/10.1056/NEJMoa2116044

Awareness and Access to COVID-19 Oral Antiviral Treatments Among U.S. Patients with Chronic Conditions

Background and Methods

Members of CreakyJoints, PatientSpot, and the COVID-19 Patient Support Program were invited to participate in a survey about oral antiviral treatments for COVID-19. The survey included respondents with a COVID-19 diagnosis 36 months prior. The survey was conducted between April 9, 2025, and May 15, 2025; the majority of the survey period was prior to the U.S. transitioning away from federal government distribution of the oral antiviral with no out-of-pocket cost to both commercial and Medicare patients.

The primary intent of the survey study was to identify barriers that patients suffering from chronic diseases encountered in attaining COVID-19 oral antivirals. The survey consisted of structured, multiple-choice, and Likert-scale questions, developed in consultation with several thought leaders.

Demographic data was collected through the survey study, including age, gender, race, employment status, and education level; all demographic data is summarized in **Table 1**.







Results

A total of 1,080 individuals began the survey, and 1,043 completed it. Of these, 156 were excluded from the analysis for not having a COVID-19 diagnosis within the past three years. In addition, 16 respondents were excluded because they resided outside the United States. The final analytic sample included **871 respondents**.

Of the 871 respondents who met the inclusion criteria, 771 (88.5%) indicated they were aware of oral antiviral medications as a potential treatment option during their last COVID-19 diagnosis, while 100 (11.5%) were not (Figure 1). Participants reported first hearing about oral antivirals through the News Media (n=380, 44%), their Healthcare Provider (n=244, 28%), Government or other public health agencies (n=187, 22%), Social Media (n=103, 12%), Television, Radio, or Print Advertisements (n=103, 12%), Friends or Family (n=98, 11%), a Pharmacist (n=17, 2%), and other sources (n=43, 5%). Only 26 respondents (3%) indicated they had never heard of oral antiviral treatments (Figure 2).

A majority of participants, 732 (**84**%), reported that they either wanted or may have wanted to receive oral antiviral medication during their COVID-19 illness, while 139 (**16**%) were not interested (**Figure 3**).

Four hundred ninety (490) respondents (**56**%) were prescribed an oral antiviral, while 381 (**44**%) were not. Among the 490 individuals prescribed an antiviral, 438 (**89**%) received Paxlovid, 36 (**7**%) received Lagevrio, and 16 (**3**%) were unsure which medication they received.

Most of this group (n=415, **85**%) indicated that their medication was either very or somewhat easy to obtain; 43 (**9**%) reported some difficulty; and 13 (**3**%) were unable to obtain the medication despite having a prescription.

Among those who did not receive a prescription (n=381), the most commonly cited reasons were: symptoms not severe enough (n=107, 28%), "other" (n=101, 27%), being outside the recommended treatment window (n=66, 17%), no discussion with a provider (n=57, 15%), lack of awareness about antivirals (n=45, 12%), and uncertainty about eligibility (n=42, 11%) (Table 2).

In terms of adherence, 445 (91%) of those prescribed antivirals were able to take the medication as instructed. Of these, 139 (31%) began treatment the same day as their positive test, while 285 (63.9%) started treatment within 1–3 days. Finally, 446 respondents (91%) of those prescribed antivirals agreed that these treatments help reduce symptoms and prevent severe illness.

Demographic data for all respondents are summarized in **Table 1**.

Discussion

The survey of chronic disease patients conducted by GHLF provides important insight regarding the utilization and access challenges of antiviral medicines in the treatment of COVID-19 infection among patients suffering from serious ailments. It is clear from the survey that antiviral treatments are effective and that there were minimal challenges in acquiring treatments during the study period. The primary reason most patients were not prescribed an antiviral was due to the severity of illness, which may raise concerns considering all of the patients surveyed suffered from serious chronic diseases, and most, if not all, were immunocompromised.

It is important to re-emphasize that the period during which respondents were asked to recall the utilization of antiviral COVID-19 treatment was when the federal government was providing the treatments at zero out-of-pocket cost and with minimal, if any, administrative barriers. Hence, accessibility challenges currently existing in the marketplace may not have been an issue. In addition, since treatment requires a positive test, the availability of tests in the marketplace may also hinder access to COVID-19 antiviral treatments. During the survey period, over-the-counter tests were more readily available at no cost than they are today.

Conclusion

Despite the ongoing threat of COVID-19, many patients, including vulnerable seniors, are not seeking protection from vaccines, in part due to widespread misinformation about immunization benefits and risks. Given the continued risk of severe illness and death, especially among seniors and those with chronic conditions, access to effective, safe antiviral treatments remains critical. While this survey found that patients with chronic diseases faced few access issues, the study was conducted during a period of widespread availability of free treatments and home testing. As those conditions have changed and many individuals with chronic conditions now face access challenges, including increasing out-of-pocket costs, to COVID-19 antiviral treatments, policymakers must prevent insurers and PBMs from creating barriers to these lifesaving therapies. It is also important for healthcare professionals and patient organizations to ensure that information about effective treatments is available for all patients, as their use may be critical for those suffering from chronic diseases or who are immunocompromised.

Table 1. Participant demographics and characteristics

Age	N=490
Age, mean (SD)	62.15 (11.71)
Age range, n (%)	
Under 40	23 (4.69)
40-54	88 (17.96)
55-64	143 (29.18)
65-74	170 (34.69)
75 and older	66 (13.47)
Gender identity, n (%) *	N=490
Woman	444 (90.61)
Man	43 (8.78)
Another gender identity	3 (0.61)
Undisclosed	0 (0)
Race and/or ethnicity, n (%) *	N=490
White (origins in European Countries)	438 (89.39)
Black/African American	20 (4.08)
Hispanic, Latino/a/x, or Spanish origin	18 (3.67)
Multiracial	6 (1.22)
Native American or Alaskan Native	6 (1.22)
Prefer not to share	5 (1.02)
East Asian	5 (1.02)
Middle Eastern or North African	4 (0.82)
Not Listed	3 (0.61)

South Asian	2 (0.41)
Native Hawaiian	1 (0.20)
Other American Indigenous	1 (0.20)
Health insurance, n (%) *	N=490
Medicare and/or Medicaid	268 (54.69)
Private insurance	254 (51.84)
Other government insurance (such as Tricare or CHAMPVA)	23 (4.69)
No health insurance	O (O)
Undisclosed	5 (1.02)
Employment status, n (%) *	N=490
Prefer not to share	10 (2.04)
Employed full-time	117 (23.88)
Employed part-time	43 (8.78)
Self-employed	23 (4.69)
Student	4 (0.82)
Stay-at-home parent/homemaker	18 (3.67)
On sick leave, workers' compensation leave, or other leave	8 (1.63)
unemployed	10 (2.04)
Retired	230 (46.94)
On disability	68 (13.88)
Not listed	1 (0.20)
Chronic condition, n (%) *	N=871
Osteoarthritis	369 (45.46)
Rheumatoid Arthritis	344 (39.49)

Osteoporosis/Osteopenia/low bone mineral density	222 (25.49)
Asthma	220 (25.26)
Fibromyalgia	207 (23.77)
Other (please specify)	205 (23.54)
Migraine	199 (22.85)
Diabetes	127 (14.58)
Sjogren's syndrome	109 (12.51)
Psoriatic arthritis	101 (11.60)
Psoriasis	98 (11.25)
Heart disease	94 (10.79)
Cancer	84 (9.64)
Eczema	81 (9.30)
Axial Spondyloarthritis	80 (9.18)
Inflammatory Bowel Disease	75 (8.61)
Chronic Obstructive Pulmonary Disease	54 (6.20)
Lupus	51 (5.86)
Lung Disease	47 (5.40)
Gout	41 (4.71)
Vasculitis	30 (3.44)
Alopecia	20 (2.30)
Polymyalgia Rheumatica	19 (2.18)
I do not live with a chronic condition	18 (2.07)
Multiple Sclerosis	16 (1.84)
Scleroderma	15 (1.72)

IgG4-related disease	9 (1.03)
Juvenile idiopathic arthritis	7 (1.43)
Myositis	7 (1.43)
Dermatositis	7 (1.43)
Diffuse idiopathic skeletal hyperostosis	7 (1.43)
Highest Level of Education Completed, n (%)	7 (1.43)
Prefer not to share	7 (1.43)
Less than High School	7 (1.43)
High School/GED	7 (1.43)
Some College (no degree)	7 (1.43)
Associate's degree	7 (1.43)
Trade School	7 (1.43)
Undergraduate degree (Bachelor's)	7 (1.43)
Post-graduate degree (Master's, Doctorate)	7 (1.43)
Other (please specify)	7 (1.43)

^{*} Please Select all that Apply



Figure 1. Awareness of oral antiviral medication

Q5 Thinking of the last time you were infected with COVID-19, were you aware of oral antiviral medications (e.g., Paxlovid, Lagevrio) as a potential treatment option?

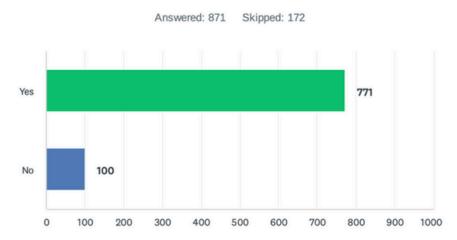


Figure 2. Where respondents first heard about oral antiviral medications

Q6 Where did you first hear about oral antivirals for COVID-19 infection?

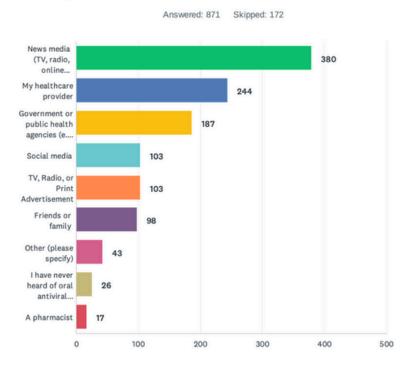




Figure 3. Desire to receive oral antiviral medications

Q7 During your COVID-19 infection, did you want to receive an antiviral treatment(s)?

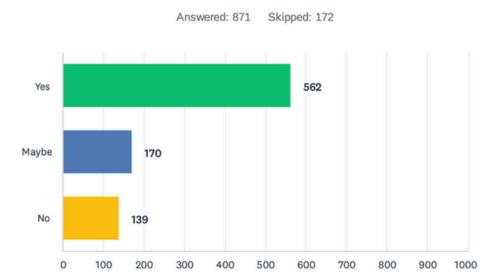




Table 2. Why respondents were not prescribed oral antiviral medications

Answer Choices	N (%)
My symptoms were not severe enough	107 (28.08)
Other (Please Specify)	101 (26.51)
I was outside the recommended timeframe for starting oral antiviral treatment	66 (17.32)
My Healthcare provider did not discuss oral antiviral treatment	57 (14.96)
I was not aware of antiviral treatments at the time	45 (11.81)
I was not aware if I was eligible for treatment	42 (11.02)
My most COVID-19 infection was adequately controlled	36 (9.45)
Antiviral treatments may exacerbate symptoms related to other chronic conditions	36 (9.45)
I did not meet the eligibility criteria	21 (5.51)
Difficulty scheduling a consultation or getting a prescription	18 (4.72)
High cost of antiviral treatments	12 (3.15)
Unable to access COVID-19 testing to confirm infection	5 (1.31)



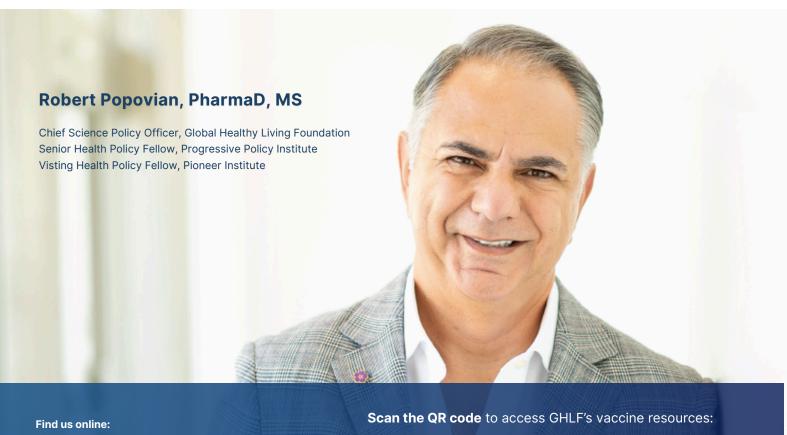
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GHLF's Patient-Focused Economic and Policy Research Division

At the Global Healthy Living Foundation, the Patient-Centered Economic and Policy Research Division conducts original research focused on health policy economics and outcomes research to better understand how current and proposed health policies, regulations, and legislation affect patients' financial, health care, quality-of-life, and other outcomes. We aim to increase transparency and understanding of the public health policies, regulations, and legislation impacting chronic disease patient communities by sharing our research via publication, our website, social media platforms, and conventional media. Our researchers also address these important topics through opinion editorials, speaking engagements, and our world-class podcast series – Healthcare Matters. Our experts have published extensively on the impact of biopharmaceutical and health policies on costs and clinical outcomes in the most prominent medical sources and media publications. They are sought-after speakers, providing briefings and expert reviews for the U.S. Congress, dozens of state legislatures, and at conferences and medical symposiums around the world. Learn more about GHLF's vaccine work at ghlf.org/issues/vaccines/



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