Paxlovid Prescribing – Frequently Asked Questions for Pharmacists

On May 19, 2022, the Ministry of Health launched the Paxlovid Distribution, Prescribing and Assessment program. This program has been **extended to March 31, 2024**, or at the discretion of the Ministry of Health (MoH) and/or the Chief Medical Health Officer (CMHO). The program is intended to expand Paxlovid prescribing authority to pharmacists and other health care practitioners to increase the ability for residents to access this antiviral treatment for COVID-19 throughout the province. See announcement and map of pharmacies prescribing or dispensing Paxlovid.

Regulatory Frameworks

The Pharmacy and Pharmacy Disciplines Act (s.23) and the Saskatchewan College of Pharmacy Professionals (SCPP) Regulatory Bylaws (Part K) govern pharmacist prescribing. Section 19 of Part K enables pharmacists to prescribe under the "Other Diseases Identified by the Minister of Health or Designate" category in certain situations, so long as it is done within the terms and conditions established by the MoH and the SCPP for the specific disease identified.

The CMHO for Saskatchewan has identified a need for **Paxlovid (nirmatrelvir/ritonavir) for the treatment of SARS-CoV-2**.

To support this provincial program pharmacists may prescribe Paxlovid under the following terms and conditions:

- Must prescribe Paxlovid and manage drug interactions according to medSask's Guidelines (for eligible patients see here);

- Compulsory Paxlovid training for the medSask Guidelines, if not previously taken;

- MoH program requirements (see here and here);

- SCPP Practice expectations, as described below;

- Monitor SCPP and MoH communications for any changes.

Q1 What is required of pharmacists who choose to prescribe Paxlovid?

- All prescribing under the "Other Diseases Identified by the Minister of Health or Designate" category must be in accordance with the terms and conditions specified by the MoH, and the Registrar. For Paxlovid, pharmacists must use the medSask algorithms, Prescriber Assessment Record (serving as the Pharmacist Assessment Record (PAR), and Guidelines. (See here)

- These medSask tools for Paxlovid were developed in consultation with the SHA infection disease specialists and clinical pharmacists, and will also be used by all community prescribers, including nurse practitioners and physicians, when prescribing Paxlovid as part of this publicly funded program.

- Pharmacists must take training as specified by the MoH or Registrar, including the Paxlovid training for the medSask Guidelines if they have not previously, to competently administer the patient assessment, manage drug interactions according to the Guidelines, follow-up on the patient's response to therapy, and identify when they must refer the patient to their primary care provider or make an emergency referral.

- See Prescriptive Authority – Pharmacist for the SCPP terms, conditions and standards of practice that pharmacists must follow when prescribing under their Levels I and II PA (e.g. informed consent, reviewing the patient's Pharmaceutical Information Program (PIP) profile).

Q2 How do I reduce the risk of transmitting COVID-19 in the pharmacy?

- As part of this program, pharmacies must offer alternative "no-contact" methods to provide pharmacy services, including:

  - ▶ Assessing patients virtually, where possible through telephone or using Ministry-approved virtual platforms (e.g. PEXIP). In doing so, pharmacists must use professional judgement to find other ways to assess the patient during virtual assessments (e.g., heart rate, breathing).

  - ▶ Coordinating with the patient to provide contactless pick up (e.g., curb-side, authorized family/friend pickup) or delivery. See the SCPP's Patient ID document for more information on agents picking up on the patient's behalf and delivering medications.

    Note: pharmacists are encouraged to monitor communication from the MOH and the SCPP to stay current on platforms and other tools that the delivery of virtual care (e.g., see here).

- As part of regular pharmacy operations, pharmacy owners and managers must also maintain robust infection prevention control measures to reduce the transmission of COVID-19 to the pharmacy team, other staff members, and the public. This may include such things as:

  - ▶ using PPE,

  - ▶ making alcohol-based hand rubs available,

  - ▶ frequent cleaning and disinfection of areas, and

  - ▶ using occupational health and safety testing/screening protocols.

    See the SCPP's Infection Control Standards and Guidelines, the Respiratory Hygiene and Cough Etiquette Standards and Guidelines, and the Hand Hygiene Guidelines.

    Also see SCPP's COVID-19 Information for other resources that may assist you.

Q3 Who is eligible to receive a prescription for Paxlovid?

- Non-hospitalized patients with mild COVID-19 who meet the eligibility criteria in the medSask Guidelines are eligible to receive a prescription for Paxlovid (see here).

- Patient eligibility is determined by the MoH as part of the Paxlovid Distribution, Prescribing and Assessment program. These criteria are integrated in the medSask algorithms, PAR and Guidelines developed in collaboration with the SHA.

- Pharmacists must follow the guidance within these documents to ensure that they are up to date on patient eligibility. MedSask will be monitoring and updating as soon as any changes to the program occur.

- Note: Prescribing Paxlovid is a complex situation. The Guidelines contain both **inclusion criteria** and **exclusion criteria** that will be used by all community prescribers. Patients may be ineligible to receive Paxlovid in the community pharmacy but may still be eligible after further assessment and treatment options by other practitioners. (See medSask Guidelines here).

- Remind patients who are not eligible that COVID-19 vaccines are very effective in reducing complications and hospitalizations from COVID-19.

Q4 How will the pharmacist confirm that the patient has tested positive for COVID-19?

- The MoH determines patient-eligibility for this program, including verification of patients testing positive for COVID-19. These are integrated into the medSask Guidelines (see here).

- Acceptable verification includes:

  - ▶ The patient will inform the pharmacist of a positive COVID-19 test result from a self-administered rapid antigen test (RAT), the pharmacist is not required to see the RAT result.

  - ▶ Polymerase chain reaction (PCR) test results may be accessed through eHR Viewer, if available.

- See Laboratory Tests and Medical Devices for more information on SCPP standards and requirements when looking up test results.

Q5 What follow up is required as part the Paxlovid Distribution, Prescribing and Assessment program?

- Under this Level II PA category, pharmacists prescribing for Paxlovid and any drug interactions under this publicly-funded program, must follow up according to the medSask Guidelines (see here).

- The medSask Guidelines require the patient to be assessed for:

  - ▶ Improving or worsening of symptoms;

  - ▶ Whether they require an emergency referral;

  - ▶ Adverse events are identified and reported to Pfizer Canada or Health Canada; and

  - ▶ Patient understanding of the management strategy for drug interactions (if any).

- As with all prescribing, pharmacists must also follow the terms, conditions and standards of practice (see Prescriptive Authority – Pharmacist). With respect to follow up, this includes:

  - ▶ Documenting all follow-up in the PAR (see here) and notifying the patient's primary care provider by sending the entire document.
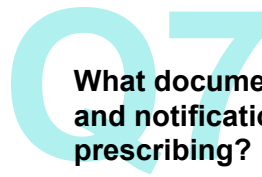
Q6 How can pharmacy technicians, pharmacy interns and pharmacy assistants assist with follow-up?

The follow up required for Paxlovid (noted in question 5) involves assessing the patient's response to therapy. This is a clinical role and must only be performed by the pharmacist. However, other pharmacy team members may contact the patient depending on the purpose or conversation.

- **Pharmacist interns (students/extended)** may follow-up to monitor responses and outcomes to Paxlovid and document in the PAR, providing they do so under direct supervision of the pharmacist. (See Supervision of Pharmacy Interns here)

- **Pharmacy technicians and pharmacy technician interns (students/extended)** must not initiate any follow up. They may document information in the PAR if they receive a call from patients regarding their response to Paxlovid, but all therapeutic/ clinical issues and questions must be referred to the pharmacist. (See Supervision of Pharmacy Interns here)

- **Pharmacy assistants** are not permitted to follow up. They must not have a clinical role.

Pharmacy technicians, pharmacy technician interns and pharmacy assistants may contact patients for purposes that are not clinical in nature. For example, they may notify a patient that their medication is ready or confirm the patient's address for delivery.

Q7 What documentation, communication and notifications are required when prescribing?

As required for all pharmacist prescribing, the SCPP requires that:

- Pharmacists document their assessment in the PAR and provide it to the patient's primary care provider to maintain the collaborative practice environment. (See Prescriptive Authority – Pharmacist); and

- The PAR must be retained as part of the patient's pharmacy profile as per SCPP's Record Retention.

Unique to the Paxlovid Distribution, Prescribing and Assessment program, the MoH requires that the PAR:

- Must be completed entirely to be considered a valid prescription.

- Note: When dispensing Paxlovid, pharmacists must also ensure that PARs received from physicians, nurse practitioners and other pharmacists have been completed entirely to be considered a valid prescription.

- Must be completed as thoroughly as possible, before referring to another practitioner. (Send entire document to practitioner).

- Must be communicated back to the original prescriber if modified.

- Must be up-to-date and prescriber must check for updates, if using pre-printed copies.

Note: In this publicly funded program, the PAR is being used both as a patient record and prescription, and must be retained even if the patient is ineligible. (See SCPP's Record Retention.)

Q8

Where can I find more information?

- See Guidelines for Prescribing Paxlovid for medSask info-graphics and clinical tools or contact medSask.

- See MoH Drug Plan and Extended Benefits Branch Bulletin No. 816 and website for information on the Paxlovid Distribution, Prescribing and Assessment program, including reimbursement for prescribing..

- Monitor the SCPP COVID-19 web page and email communications for updates.