COVID-19 Therapeutics Best Practices Checklist

Guidance Topic	Checklist	Relevant Links
Testing	☐ **For symptomatic patients:** Share instructions on how to access same– or next–day testing. Note: A positive test is no longer required for oral COVID-19 therapeutic treatment if the clinical suspicion is high based on the patient's exposure history. ☐ **For symptomatic patients who test positive:** Emphasize that therapeutics are available, and recommended for most adults. Share instructions on how to access a same-day prescriber to discuss COVID-19 treatment. ☐ **Accept self-attestation of a positive COVID-19 test to facilitate care or prescribe therapeutics.**	How to get tested - Coronavirus COVID-19 Response (ca.gov)
Prescribing	**A: Provider Education** ☐ Regularly share updates on COVID-19 therapeutics. ○ Ensure all relevant staff receive up-to-date information (via internal provider communication channels, using webinars, CME opportunities, and relevant listservs including CDPH's therapeutics updates). Set a regular cadence for sharing updates, such as a monthly provider meeting. ☐ Ensure all providers are aware of the California Health Advisory (summarized in Appendix 5) addressing several of the most common clinical misperceptions about COVID-19 therapeutics. ☐ Direct providers to helpful guidance, which includes tables reviewing therapeutics treatment options and clinical decision aids.	CDPH COVID-19 Therapeutics webpages While the COVID-19 Therapeutics Provider Warmline remains available, recommend providers call **1-866-268-4322 (COVID-CA)** to receive free and confidential clinical consultation on COVID-19 testing and treatment or submit your cases online. CDC Risk of COVID- 19 Infection, Hospitalization, and Death by Age Group

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Prescribing	**A: Provider Education** *(continued)* ☐ Provide clarifications on clinical guidelines. ○ Encourage providers to default to COVID-19 treatment (unless clear contraindication) for all symptomatic patients over the age of 12 who present with COVID-19 within 7 days of symptoms onset AND who: ▪ Are over **the age of 50** regardless of other comorbidities. Those over 50 have a 25-fold risk of death compared to 18–29-year-olds, ▪ **Have any of the identified risk factors for severe COVID-19**, including conditions such as physical inactivity, obesity, diabetes, depression, smoking (former or present), and disabilities, OR ▪ Face structural barriers to health and/or face disproportionate rates of hospitalization or death from COVID-19. ○ Verification of oxygen saturation is not a pre-requisite to prescribing COVID-19 therapeutics. ○ The FDA does not require assessment of laboratory results prior to prescribing. Providers should use clinical judgement to determine if labs are necessary. ☐ Highlight data on treatment efficacy, even among those who have been vaccinated or previously infected. ○ **Patients should not be denied treatment due to the presence of only mild disease.** Patients with mild symptoms are, in fact, one of the criteria for outpatient treatment according to FDA and NIH recommendations. ○ **Clarify that viral rebound is typically mild and should not be considered treatment failure. Viral rebound can occur in both treated and untreated people.**	CDPH Therapeutics Updates signup COVID-19 Therapeutics Decision Aid (hhs.gov) Nonhospitalized Adults: Therapeutic Management | COVID-19 Treatment Guidelines (nih.gov) Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals

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Prescribing	**B: Enhanced Workflows** ☐ **Minimize the number of steps to accessing a prescriber.** ○ Ensure those with symptomatic COVID-19 (or symptomatic with known COVID-19 exposure) can see a provider the same or next day (in-person or telehealth). ☐ **Provide a member/patient call center line to assist with access.** ☐ **Use population health management approaches to identify all patients in practice who might be eligible and encourage COVID-19 treatment pre-planning.** **C: Navigating Drug Interactions** ☐ **Make providers aware of online tools to check drug-drug interactions (DDIs),** especially with Paxlovid which contains ritonavir, a CYP3A4 inhibitor. ☐ **Make clinical consultation advice lines available for providers and pharmacists** (including having an on-call pharmacist or pharmacy hotline). ☐ **Find alternative ways to verify patients' current medications.** This can include calling a patient's pharmacy or their usual doctor's office for their medication list. ☐ **If available, utilize Electronic Health Record (EHR) e-prescribing function** to ensure access to medication reconciliation through Surescripts/other third-party.	Drug Interaction Checker | Pfizer Medical Information - US Point of Care Medical Application | Epocrates

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Prescribing	**D: Prescribing to a Pharmacy** ☐ **Regularly review and confirm prescribing workflows** that accurately connect patients to: ☐ **Promote prescription options with same-day home delivery** through courier and/or expedited mail order. Walgreen's provides free same-day or 1-2 day delivery (depending on specific addresses and Rx timing) to Medi-Cal patients. ☐ **If e-prescribing is a barrier, develop alternative prescribing workflows** such as phone and/or fax. ☐ **Regularly review and confirm ordering workflows that accurately connect patients with COVID-19 infusion network(s).**	
Dispensing	☐ Pharmacies should prioritize the prescription fill and ensure timely turnaround to support initiating therapy as soon as possible. ☐ In making a reasonable attempt to clarify any concerns with the provider and/or patient, pharmacists should use clinical judgement and consider the impact of delayed COVID-19 treatment. Oral treatment must be started within 5 days of symptoms onset. ☐ Capture all medications the patient is taking, including over-the-counter medications and herbal products to adequately assess drug interactions. ☐ Pharmacists **may fill** a legally valid **written, oral or faxed prescription** if the only issue is that the prescription was not received electronically. *Business and Professions Code section 688(i) does not require pharmacies to verify that a written, oral, or faxed prescription qualifies for an exemption from e-prescribing under this statute same-day receipt of oral therapeutics.*	[PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers](#) [Resource Guide for Pharmacies to Prevent Delayed COVID-19 Treatment](#)

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Dispensing	☐ **Confirmation of eGFR is not a necessity for filling a COVID-19 therapeutic prescription, as it is only used as a guidance for recommended Paxlovid dosing.**
	
	☐ Pharmacists should not reject COVID-19 prescriptions solely due to:
	
	  ○ the absence of renal function or liver function test results, OR
	
	  ○ the absence of a "positive test" date or "symptom onset" date written on the prescription, OR
	
	  ○ the presence of only mild symptoms.
	
	☐ The State Board of Pharmacy is encouraging interested persons to evaluate the Public Readiness and Emergency Preparedness (PREP) Act with an attorney, if necessary, to determine eligibility for pharmacists to continue independently initiating and furnishing Paxlovid to individual patients.	

Other Best Practices	☐ **Share educational materials** from public health campaigns on COVID-19 treatments with patients.
	
	☐ When caring for uninsured patients and/or a patient new to your clinic or system:
	
	  ○ Lower barriers to seek urgent care for evaluation and treatment for COVID-19, including shortening or bypassing standard enrollment processes.
	
	  ○ Offer low-cost telehealth options.
	
	☐ **Regularly review therapeutics utilization data to understand barriers and disparities.**
		COVID-19 Treatment - Coronavirus COVID-19 Response (ca.gov)
		
		CDPH Therapeutics Communications Toolkit
		
		HHS ASPR Test-To- Treat Digital Toolkit
		
		California's commitment to health equity - Coronavirus COVID-19 Response
		
		Medi-Cal Applications by Provider Type
		
		PAVE - Provider Application and Validation for Enrollment