

Advance Prescriptions for Oral COVID-19 Antiviral Medicines

DRAFT guidance for authorised prescribers and pharmacists

On 14 July 2022, the Minister for COVID-19 Response Hon Dr Ayesha Verrall announced that eligible patients could receive an advance (“back pocket”) prescription for the following oral COVID-19 antiviral medicines - Nirmatrelvir with ritonavir (Paxlovid) and Molnupiravir (Lagevrio).

The purpose of this guidance document is to:

1. Clarify when and why this may be appropriate; and
2. Provide additional guidance and support for authorised prescribers and pharmacists.

Key messages:

- The purpose of providing advance prescriptions is to safely reduce the number of steps (and time) taken for eligible patients to access these antiviral medicines, when they need them. In addition, advance scripts can provide assurance to someone at high risk that they will be able to access these medications when needed.
 - This is one option that is being pursued to improve timeliness of access to these medicines. There are also other avenues that are currently being implemented, including the reclassification of the medicines from “prescription-only” to “restricted” or “pharmacist-only” medicines, enabling pharmacists to supply the medicines to eligible patients without a prescription from an authorised prescriber. More information will be provided separately in the near future.
 - Issuing of advance scripts may be particularly useful for patients who are at very high risk of becoming infected (e.g. patients who meet eligibility criteria, and who are household contacts but not yet COVID-19 positive). In these instances, there is likely to be a short intervening period between the issuing of the advance prescription, and the dispensing of the medicine.
 - Consultation in advance provides an opportunity for a face-to-face conversation about oral therapeutics for those less able to do so over the phone. It also provides an opportunity to undertake any tests that would support the safe use of oral therapeutics such as renal function when clinically indicated. Once a person is COVID-19 positive, face to face encounters are kept to a minimum.
- Pharmac has confirmed their position on advance prescriptions: as long as a person meets the eligibility criteria at the time of supply of the medication, then there is no impediment to giving an advance prescription.
 - This means that whilst the *prescription* can be provided in advance to people that meet the [Pharmac eligibility criteria](#) (other than the requirement to have confirmed (or probable) symptomatic COVID-19, or have symptoms consistent with COVID-19 and is a household contact of a positive case), the medicine *cannot be dispensed* by a pharmacist until all the eligibility criteria is met – i.e. until/unless the person has COVID-19.
- Advance prescriptions will remain valid for 90 days, in line with existing PHARMAC guidelines for the prescription of authorised medicines.
- As is current practice, at each stage in the process, the responsible clinician will need to undertake a review to ensure it safe for the patient to take this medicine. Note that the medicine will not be dispensed until the person is has been [diagnosed](#) as a case or probable

case, therefore advance prescriptions are not appropriate for people who are seeking to access COVID-19 therapeutics to take with them on overseas travel.

- **PRESCRIBING CLINICIANS: advance prescriptions for oral COVID-19 antiviral medicines will not be clinically appropriate for some patients that otherwise meet the eligibility criteria.** Prescribers must exercise their clinical judgement to consider whether it is appropriate to issue an advance prescription in relation to the patient's clinical needs (e.g. what is the risk that the patient's renal function will deteriorate in the period between issuing the advance prescription, and dispensing the medicine?)
- **PHARMACISTS:** When a patient develops COVID-19 and proceeds to fill the prescription, pharmacists will need to undertake a clinical and medicines review, following existing clinical guidance and processes (i.e. assessment of contraindications and dose adjustment requirements). It is important to discuss with the patient how to use the medicine, its side effects, when to seek medical advice, and substances to avoid while taking it. Referral back to the prescriber may be necessary if clinical situation has changed since prescription issued.
- **It is critical that prescribers clearly indicate endorsements on the advance prescription.** This will ensure important information is communicated to pharmacists, and streamlines processes if/when a patient tests positive for COVID-19 and requires the prescription to be filled. The endorsements include:
 - 'Meets PHARMAC eligibility criteria (if they were COVID-19 positive)'
 - Renal function information
 - 'Advance Prescription'
 - Prescriber's contact details (including after hours)
 - 'Not to be dispensed unless diagnosed with COVID-19'
- Electronic prescriptions are preferred over paper prescriptions. Before issuing an advance prescription, prescribers should consider which pharmacy is most appropriate. Considerations should include patient/whānau preference, extended opening hours, and current pharmacy suppliers of these medicines. HealthPoint holds details of supplying pharmacies
- COVID-19 is self-reported under the current high trust settings. If a patient has self-reported a positive test, it can be seen in the COVID Care in the Community Module (CCCM). If the patient has not yet self-reported their positive test, the dispensing pharmacist should encourage or assist him or her to do so
- Once dispensed, COVID-19 Therapeutic agents should be delivered to the patient if required (i.e. if they do not have whānau or friends who cannot collect on their behalf)
- Funding is available to support advance prescriptions. The funding is an extension of existing funding rates which were previously agreed for primary care encounters relating to COVID-19 activity e.g. third primary vaccine dose, medical exemption assessments, and vaccine adverse events assessments.
 - Patient-initiated encounter where a person contacts the practice for an advance prescription but they do not meet the eligibility criteria and a prescription is not issued - \$60
 - Consultation where a person will meet the criteria and an advance script is issued - \$120
- The fee claimed is independent of the mode of the consultation (face-to-face or telephone), or the clinician undertaking the consultation. Prices are exclusive of GST.

Process Map – Advance prescriptions for Oral COVID-19 antiviral medicines

What	Prescription in advance is sought	Clinical consultation	Medicine is prescribed	Medicine is dispensed
Who	Patient	Prescriber	Prescriber	Pharmacist
Activities	<ul style="list-style-type: none"> • Patient contacts prescriber OR prescriber contacts patient • Contact may be virtual (video/phone) OR in-person as clinically appropriate 	<ul style="list-style-type: none"> • Conducts clinical review and medicine counselling • Virtual (video/phone) OR in-person as clinically appropriate • Explain purpose and correct use of advance script (set expectations) • If clinically appropriate, the clinician can request a renal function test 	<ul style="list-style-type: none"> • Issues prescription • Adds endorsements to prescription: <ul style="list-style-type: none"> ○ Meets criteria for advance prescription ○ Renal function ○ 'Prescription in advance' ○ Prescriber's contact details ○ 'Not to be dispensed until diagnosed with COVID-19' 	<ul style="list-style-type: none"> • Reviews clinical status and other medicines • Discusses use of the medicine, side effects, when to seek medical advice, substances to avoid • Referral back to prescriber may be necessary if clinical situation has changed since prescription issued • Virtual (video/phone) only • Dispenses medicine
Equity	<ul style="list-style-type: none"> • Consultation in advance face to face before unwell with COVID-19 can reduce need for travel to prescriber more than once and provides an opportunity for a face-to-face conversation about oral therapeutics for those less able to do so over the phone 			<ul style="list-style-type: none"> • Medicine may be delivered if required
Funding	<ul style="list-style-type: none"> • COVID-19 Care in The Community Funding Schedule <ul style="list-style-type: none"> ○ Patient-initiated encounter not resulting in a prescription \$60 ○ Consultation + script \$120 			<ul style="list-style-type: none"> • COVID-19 Care in The Community Funding Schedule
Notes	<ul style="list-style-type: none"> • All Pharmac eligibility criteria must be met EXCEPT for COVID-19 diagnosis (must be diagnosed as COVID-19 positive for prescription to be dispensed) • Medicines will not be dispensed until COVID-19 diagnosed • Not all patients are suitable for prescription in advance • No requirement to prescribe medicine if not clinically appropriate 	<ul style="list-style-type: none"> • Any authorised prescriber within their scope i.e. Pharmacist, Nurse Practitioner, Doctor, or Registered Nurse Prescriber • Funding applies regardless of the mode of consultation or the type of authorised prescriber • Medicines will not be dispensed until COVID-19 diagnosed • No requirement to prescribe medicine if not clinically appropriate 	<ul style="list-style-type: none"> • Prescription in advance valid for 90 days • Medicines will not be dispensed until COVID-19 diagnosed • No requirement to prescribe medicine if not clinically appropriate • Electronic prescriptions preferred • Consider which pharmacy based on patient/whānau preference, extended opening hours, and current pharmacy suppliers of these medicine 	<ul style="list-style-type: none"> • Ensure all eligibility criteria are met including being COVID positive and symptomatic. CCCM holds details of self-reported cases • If the patient has not yet self-reported a positive, encourage or assist him/her to do so • Referral back to prescriber may be necessary if clinical situation has changed since prescription was issued