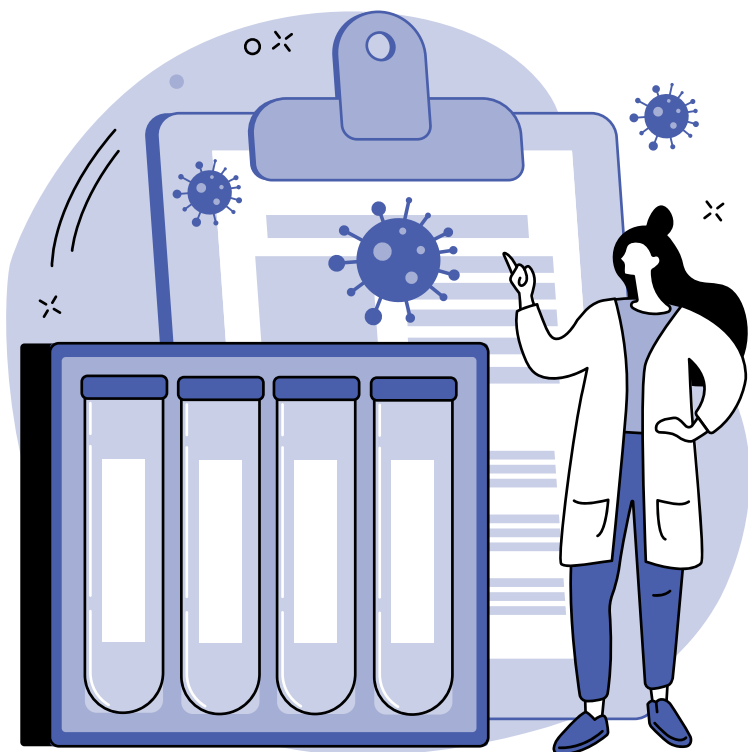




Guide for pharmacists: Test to treat services for COVID-19

Pharmacist's role in the management of COVID-19 antiviral treatment

The federal PREP Act continues to empower pharmacists to play a central role in the fight against COVID-19. As of the most recent amendment, HHS has extended these authorities through December 31, 2029. This extension allows pharmacists to order and administer COVID-19 tests and initiate antiviral therapies for eligible patients under the federal Test to Treat initiative. In the face of primary care provider shortages, the role of pharmacists is increasingly vital. The inclusion of pharmacies in the Test to Treat initiative has greatly expanded patient accessibility to COVID-19 antivirals. Now, over 90% of Americans live within five miles of a site that can provide rapid diagnosis and lifesaving COVID-19 treatment.

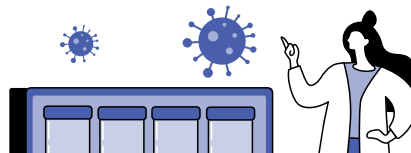
When assessing a patient's eligibility for COVID-19 antiviral therapy, pharmacists must follow specific guidelines to ensure appropriate use of these medications. The primary considerations include:

- 1. Severity of the symptoms.**
- 2. Presence of risk factors for severe illness.**
- 3. Any contraindications or potential drug interactions.**

Who should receive treatment for COVID-19?

Treatment is recommended for individuals who have mild to moderate symptoms and are at high risk for progression to severe illness from COVID-19. Patients with one or more specific underlying medical conditions are at an increased risk for severe COVID-19 outcomes. Some key underlying conditions are:

- Age >50 years
- Asthma
- Cancer (hematologic malignancies)
- Cerebrovascular disease
- Chronic heart conditions
- Chronic kidney disease
- Chronic liver disease
- Chronic lung disease
- Cystic fibrosis
- Dementia and Parkinson's disease
- Diabetes (type 1 and type 2)
- HIV
- Long-term use of corticosteroids or other immunosuppressants
- Mental health conditions
- Obesity (BMI ≥ 30)
- Physical inactivity
- Pregnancy and recent pregnancy
- Primary immunodeficiencies
- Smoking (current and former)
- Solid organ or blood stem cell transplantation
- Tuberculosis



KEY COUNSELING PEARLS

1. Age is the strongest risk factor.

- The risk of severe outcomes from COVID-19 significantly increases with age. Individuals older than 50 years are at an elevated risk, with the risk rising substantially for those over 65 years old.

2. Underlying medical conditions compound risk.

- Patients with one or more underlying conditions are at higher risk for severe complications with COVID-19, regardless of age.
- The presence of multiple conditions further increases this risk.

3. Vaccination status matters.

- Being unvaccinated or not up to date on COVID-19 vaccinations is associated with a higher risk of severe illness.

If your patient asks...	You can say...
What does this antiviral do, and how does it help me?	• Antiviral medications help reduce the amount of virus in your body, which can lower the risk of severe illness, hospitalization, or death.
Are COVID-19 antivirals safe?	• Yes, approved antivirals like Paxlovid* have undergone clinical trials and are approved by FDA for emergency use.
What are common adverse effects I should expect?	• Altered taste, diarrhea, high BP, and muscle aches. • Most adverse effects are mild and resolve after treatment.
Can I take antivirals if I'm vaccinated?	• Yes, antivirals are recommended for high-risk individuals regardless of vaccination status.
What is COVID rebound, and should I be worried?	• Some people experience a return of symptoms or test positive again after completing treatment—this is called COVID rebound. It's usually mild and doesn't require another round of antivirals. Continue to isolate and monitor symptoms.
Do I even need to be treated for COVID-19?	• Even if you feel generally healthy, you might still benefit from being treated. Let's review your health history together to be sure. • COVID-19 antivirals are recommended for people with mild to moderate symptoms who are at higher risk for severe illness. Common risk factors include: • Obesity or being overweight • Diabetes • Chronic lung or heart disease • Physical inactivity • Age over 50 years • Smoking • Pregnancy

* Paxlovid (nirmatrelvir/ritonavir). Pharmacists should review patient history for contraindications and drug interactions.

Other considerations when determining COVID-19 antiviral eligibility

Under the authority granted by the PREP Act and the FDA's Emergency Use Authorization, pharmacists are permitted to prescribe COVID-19 antivirals such as Paxlovid, provided they can perform a thorough clinical assessment including:

1. Verification that the patient has a **positive SARS-CoV-2 diagnostic test**.
2. Evaluation of the patient's **renal and hepatic function** using laboratory results from the past 12 months.
3. Review of the patient's **current medication list** to identify any potential drug interactions that may require dose adjustments or contraindicate treatment.

If sufficient clinical information is not available, or if complex medication management is needed, the patient must be referred for further medical evaluation.

Navigating the patient eligibility conversation

Navigating through conversations with the patient about eligibility for antiviral treatment is equally important. Pharmacists should create a comfortable environment where patients feel at ease to share their health concerns and history.



Use open-ended questions to gather clinical information

Encourage patients to share their health history and current medications in their own words by asking them:

- Can you tell me about any health conditions you're currently managing?
- What medications, supplements, or over-the-counter products are you taking regularly?



Explain the need for lab results and medication review

Help patients understand why this information is essential for safe prescribing with statements such as:

- To make sure this treatment is safe and effective for you, I need to review your kidney and liver function from lab results done in the past 12 months.
- Some medications can interact with COVID-19 antivirals, so I'll need to check your current list to avoid any complications.



Set expectations and explain limitations

Be transparent about what you can and cannot do under current regulations by communicating openly:

- Based on federal guidelines, I can only prescribe this medication if I have enough clinical information. If we don't have recent labs or if your results show certain conditions, I'll need to refer you to your doctor or another provider.
- I want to make sure you get the best care possible. If I can't safely prescribe this today, I'll help you connect with someone who can.



Offer supportive next steps

If referral is necessary, guide the patient on what to do next using supportive words:

- If you can get your lab results sent to us today, we may still be able to move forward.
- Here's a list of nearby clinics that can help with further evaluation. Let me know if you'd like help scheduling an appointment.

Assessing diagnostic test results

Direct-to-consumer at-home diagnostic testing has become increasingly prevalent in households nationwide. These tests provide individuals with convenient and accessible means to evaluate their health status without the necessity of visiting a health care provider. Pharmacists may encounter patients who have already obtained positive test results prior to presenting at the pharmacy. It is, therefore, essential for pharmacists to be knowledgeable about the various types of diagnostic tests currently available. There are two primary categories of diagnostic tests for COVID-19: antigen tests and molecular tests, the latter of which includes reverse transcription-polymerase chain reaction (RT-PCR) and nucleic acid amplification tests (NAAT). Each test type offers specific advantages and limitations.

Antigen tests Popular kits include:

BinaxNOW, QuickVue, and Flowflex

Antigen tests detect specific proteins from the virus and are generally faster and less expensive than molecular tests. However, they have lower sensitivity compared to molecular tests, with sensitivity rates ranging from 50% to 80%. This means antigen tests are more likely to miss early infections when viral loads are low. However, their high specificity makes them reliable for confirming active infections, especially when used in symptomatic individuals.

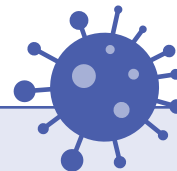
Molecular tests Popular NAAT tests include:

Abbott ID NOW, Cepheid GeneXpert, and Lucira Check It

Molecular tests detect the virus's genetic material and are known for their high sensitivity and specificity. This means they can accurately identify even low levels of the virus, making them particularly useful in the early stages of infection. Molecular tests have a sensitivity of about 95% and a specificity of nearly 100%. This high accuracy makes molecular tests the gold standard for COVID-19 diagnosis.

Frequently asked questions

Patient question	Pharmacist response
What does a positive test mean for me?	A positive result means you currently have COVID-19 and may be contagious. We'll assess your symptoms and risk factors to see if you qualify for antiviral treatment.
Can I still spread the virus if I feel fine?	Yes, even without symptoms, you can still spread the virus, especially in the early days. Isolation and precautions are still important.
How accurate is this test?	Molecular tests are highly accurate. Rapid antigen tests are faster but may miss early or asymptomatic infections. We can confirm results if needed.
Do I need to test again to confirm?	If you tested positive, repeat testing usually isn't needed unless required for work or travel. If symptoms persist after a negative test, follow up may be advised.
How long should I isolate?	Most people should isolate for at least 5 days from symptom onset or the test date and wear a mask for 10 days. I can help you determine your specific timeline.



Importance of early detection and initiation of treatment

Initiating COVID-19 antiviral therapy promptly, within 5 days of symptom onset, is essential for maximizing its effectiveness. Delays in treatment can reduce the benefits of antiviral medications, which are most effective when started earlier in the course of infection. Early detection and prompt initiation of therapy not only improve individual outcomes but also help reduce community transmission, thereby protecting those at higher risk for severe illness.

Timely treatment with antivirals such as **Paxlovid (nirmatrelvir/ritonavir)** or **Lagevrio (molnupiravir)** has been shown to significantly reduce the risk of hospitalization and death. For example:

■ Improved patient outcomes

- Paxlovid can reduce the risk of hospitalization by up to **88%**, while Lagevrio offers a **30%** reduction when started early.

■ Reduced viral load and transmission

- Paxlovid has been shown to **inhibit over 90% of viral replication**, leading to a faster decline in viral load and potentially reducing infectiousness during the viral shedding phase.

■ Optimal timing matters

- Patients who begin treatment **within 3 to 5 days** of symptom onset experience the **greatest reduction in viral load**, the **lowest risk of rebound symptoms**, and the **highest protection against severe outcomes**.

By identifying COVID-19 cases early and initiating treatment promptly, health care providers can help patients recover more quickly, avoid complications, and reduce the spread of the virus in their communities.

Summary

Pharmacists are uniquely positioned to expand access to timely COVID-19 care through the Test to Treat initiative, supported by the PREP Act. By conducting clinical assessments, reviewing diagnostic test results, and evaluating patient eligibility, pharmacists can safely initiate antiviral therapy for qualifying individuals. Clear communication, patient education, and appropriate referrals are essential to ensure safe and effective treatment. As trusted health care providers, pharmacists continue to play a vital role in reducing the burden of COVID-19 in their communities.

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