

HHS COVID-19 Therapeutic Dispensing Program for Oral Antivirals



DEADLINE: No initial deadline, but it is encouraged that you to complete the agreement as soon as possible.

NOTE: Signing up does not provide immediate access to antivirals as supply is limited and States are currently selecting pharmacies in areas of need.

Requirements to Participate

1. *Be a CPESN Pharmacy*
2. *Be signed up with CPESN FRPP for Vaccine* (or not signed up with another federal partner for vaccines)

Responsibilities of Pharmacies *(see Step 1 below for more details)*

- Dispense the oral COVID-19 antiviral therapy with a valid prescription from a physician, advanced practice registered nurse, or physician assistant per the FDA EUAs.
- Verification of time since symptom onset. Patient needs to start therapy within 5 days of symptom onset.
- Prescriber is supposed to have fill by date on the prescription or noting on the prescription how many days the patient is into symptom onset.
- Provide Antiviral Fact Sheet for the Patient.
- Provide patient counseling for oral antiviral product being dispensed.
- Remove tablets if moderate renal impairment for paxlovid (prescriber is responsible for notating renal dosage adjustment on prescription).
- Report adverse events and medication errors to FDA MedWatch.
- Document course inventory and administration numbers daily.

STEP ONE: Click [HERE](#) to Review the HHS COVID-19 Therapeutic Dispensing Program Provider Agreement

- **This version is for viewing only, the agreement must be completed online (see step 2)**
- Pages 3 and 4 outline the minimum requirements for the program, even though additional details are still being developed for level of involvement

STEP TWO: Click [HERE](#) to Complete the Online HHS COVID-19 Therapeutic Dispensing Program Provider Agreement *(plan for at least 15-30 minutes to complete)*

- After you complete the agreement, the designated Chief Medical Officer (CMO) will be emailed a copy of the agreement
- If there is more than one pharmacy location under the same ownership, "Form B" must be completed for each additional location
 - At the end of the "Form A and B," select yes or no for additional pharmacy locations under the same ownership. If you select yes, "Form B" will open after submitting "Form A and B"
 - The direct link to "Form B" for additional locations under the same ownership can also be accessed by clicking [HERE](#) *(You do not have to complete this link if you are redirected after completing the "Form A and B" that is linked above.)*
 - Within Form B, the initial pharmacy's information that was submitted in "Form A and B" will need to be entered into "Form B" to match any additional pharmacies
- **NOTE:** Each pharmacy location will need a primary program coordinator and a secondary program coordinator, which are the individuals responsible for the program at the pharmacy

After completing the agreement, CPESN will designate pharmacies as therapeutics providers for antivirals within VPoP within 1-2 weeks. If a state requests a pharmacy to be activated, they will be prioritized. After the pharmacy is designated, the pharmacy will receive action steps from CPESN to finalize the designation within VPoP.