# Pharmacists: Essential providers of COVID-19 care

Throughout the COVID-19 pandemic, pharmacists have been essential to population- and patient-level responses to the disease. Pharmacists' contributions have included ensuring the most effective treatments for critically ill patients,[1] leading the establishment of highly successful mass vaccination programs,[2] and guiding the use of antiviral medications to decrease the risk of severe disease.[3,4]

The effectiveness of pharmacy's response to COVID-19 did not occur by happenstance. It was the result of efforts over decades to position pharmacists on interprofessional teams to provide comprehensive medication management and to assume responsibility and accountability for individual patient and population outcomes across the continuum of care.

Despite these successes, the system that was created through the Public Readiness and Emergency Preparedness Act that allowed pharmacists to engage in heroic efforts to vaccinate large populations was not optimal or efficient, and there were access gaps for underserved populations in both urban and rural areas. We now have the opportunity to incorporate what was learned with those programs to create a more efficient, effective, and equitable system that will help the country recover from the pandemic and reopen our society while preparing for future coronavirus variants and emerging threats to health.

In his March 1, 2022, State of the Union address, President Biden announced a "Test to Treat"[5] approach where individuals who test positive for coronavirus in a pharmacy can immediately be initiated on an antiviral agent to decrease their risk of developing severe illness. Unfortunately, the US Food and Drug Administration has not included pharmacists on the list of individuals authorized to prescribe the antiviral Paxlovid (copackaged nirmatrelvir tablets and ritonavir tablets; Pfizer) and the American Medical Association has objected to the prescribing of antiviral medications in a pharmacy setting due to the large number of drug-drug interactions associated with these agents. Neither of these positions make sense and they are not in the best interests of the public.

As envisioned by the participants in the 2014 ASHP/ASHP Foundation Ambulatory Care Summit,[6] pharmacists have been deployed across the ambulatory care continuum—in primary care clinics, specialty clinics, physician offices, community health centers, and urgent care clinics—as the interprofessional team members who provide comprehensive medication management. These pharmacists are providing care for a broad spectrum of patients including, but not limited to, people with diabetes, cardiovascular diseases, pulmonary diseases, cancer, complex posttransplant needs, pain, HIV/AIDS, and behavioral health needs. Incorporating this level of pharmacist-provided services more broadly into Test to Treat and other approaches to caring for individuals with COVID-19 is a logical strategy that will enable expanded access to safe, high-quality treatment.

Previously on these pages, we have advocated for an interdependent prescribing model in which pharmacists and physicians—together with the other members of the healthcare team—form a strategic professional partnership to optimize patient outcomes.[7] In this model, physicians will diagnose while trained, credentialed, and privileged pharmacists will prescribe medications, order medication-related laboratory tests, and modify treatment based on changes in the patient's condition. As we stated before, we recognize that situations will arise where physicians must retain their prescribing responsibilities. Likewise, in selected situations such as Test to Treat for COVID-19, pharmacists must have the flexibility to use their clinical judgment to interpret the results of FDA-approved diagnostic tests, identify common symptoms of COVID-19, and initiate appropriate treatments. Otherwise, the Test to Treat program will fail.

Some will raise claims about quality and safety. These arguments can be countered readily by the abundance of evidence of pharmacists' positive impact on outcomes in patients with acute and chronic diseases. The Veterans Health Administration,[8] Kaiser Permanente,[9] and many other organizations where ASHP members practice provide examples of implementing safe and highly effective models where pharmacists have incorporated prescribing authority as they provide comprehensive medication management. With this proof in hand, we must implore the Biden administration to ensure pharmacists have the ability to prescribe antiviral medications to patients with COVID-19, especially the most vulnerable members of our society who do not have equitable access to healthcare.

In parallel, we must advance the recently introduced Equitable Community Access to Pharmacist Services Act, developed by the Future of Pharmacy Care Coalition, which would establish Medicare reimbursement for pharmacy- and pharmacist-provided services in the case of public health emergencies, as determined by the Department of Health and Human Services. Under this legislation, establishing Medicare reimbursement would ensure patient access to pharmacists' services including testing and treatment for COVID-19, influenza, respiratory syncytial virus, and streptococcal pharyngitis as well as vaccinations for COVID-19 and influenza.

Ongoing and expanded reliance on pharmacists to provide care for individuals with COVID-19 and other health conditions are critical to the ongoing response to the pandemic and equally necessary as we confront emerging threats to the health of our society.

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