

S. Serao Creazzola¹, M. N. Diana¹, G. Sommese¹, F. Bucci¹, E. Granata¹, M. Riemma¹, F. Russoniello¹, A. Venturelli¹
¹Dipartimento Farmaceutico, U.O.C. Farmaceutica Convenzionata e Territoriale, ASL NA1 Centro, Napoli
dipartimento.farmaceutico@aslnapoli1centro.it

INTRODUCTION

In 2022, oral antivirals **Molnupiravir** and **Nirmatrelvir/ritonavir** were authorised for the **treatment of COVID-19 in adults**.

Local Health Unit established the **operational modalities** for the management of therapy; a corporate path was set up including **synergistic cooperation of several professionals, including the pharmacist**.

Drugs were delivered to patient's home by dedicated mobile operational units made up of doctors and nurses.

AIM AND OBJECTIVES

The aim of the study was to **provide and test territorial clinical "tele-pharmacy" potential and effectiveness** with reference to **pharmaceutical counselling and therapy monitoring** mainly to improve therapeutic adherence and to collect adverse event report.

MATERIALS/METHODS

Eligible subjects for each treatment were intercepted by general practitioners, doctors of hospitals and of dedicated mobile operational units.

Pharmacists of the Pharmaceutical Department conducted clinical pharmacy activities, through telephone monitoring of patients on second, fourth, sixth and fourteenth day of therapy, which included submitting of a **questionnaire** and providing clarifications on time schedule, dosage, ways of taking the drug and pharmaceutical interactions.

Data from questionnaire were collected in a database and those missing in the National Pharmacovigilance System were entered.

All oral antiviral drug dispensations from 10/01/2022 to 10/06/2022 were examined.

RESULTS

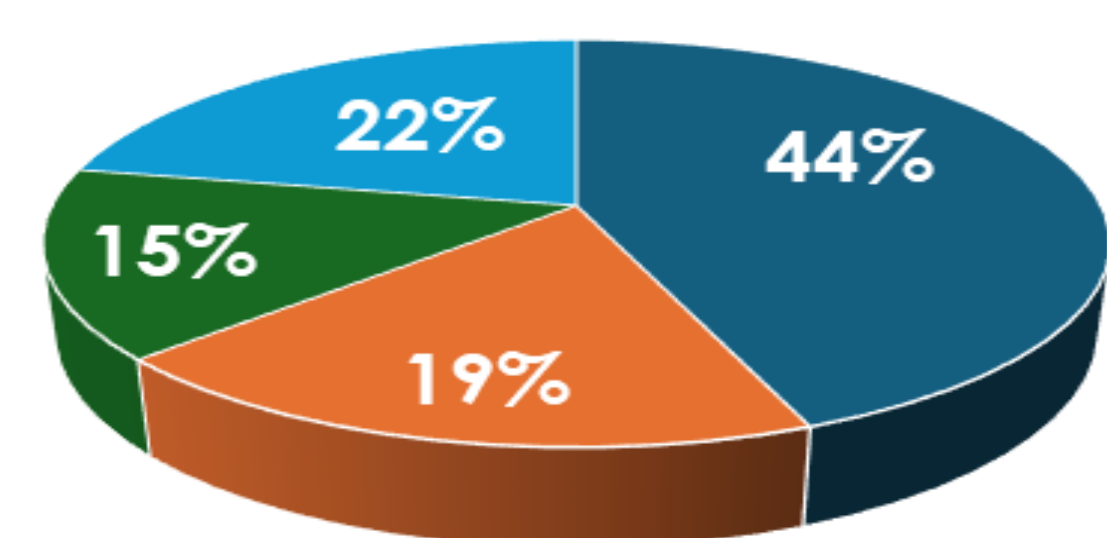
From 10/01/2022 to 10/06/2022, **547 patients were treated with molnupiravir and 58 with nirmatrelvir/ritonavir**.

These patients joined to **telephone monitoring of 361 (66%) and 34 (59%)**, respectively.

Of all responders, **94% adhered to therapy and 11% declared they understood correct dosage and ways of taking the drug only after monitoring**.

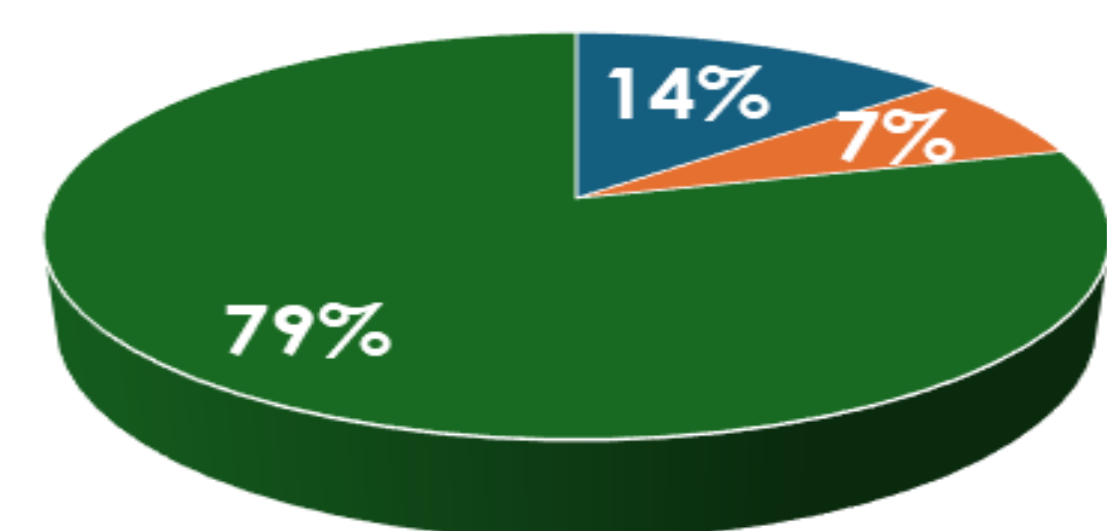
Furthermore, this activity has detected **a higher number of adverse reactions than those reported in the regional National Pharmacovigilance Network**, specifically **91 associated with molnupiravir (97.8% of total regional data) and 14 associated with nirmatrelvir/ritonavir (70% of total regional data)**.

ADVERSE REACTIONS
MOLNUPIRAVIR



■ DIARRHEA ■ NAUSEA ■ HEADACHE ■ DIZZINESS

ADVERSE REACTIONS
RITONAVIR



■ DIARRHEA ■ NAUSEA, HEADACHE, DIZZINESS ■ DYSGEUSIA

CONCLUSIONS

This experience, although conducted only through telephone contact and in a period of great psychological sensitivity of the population, has demonstrated the opportunity and validity of the development of telepharmacy tools through which to conduct local clinical pharmacy. Therefore it would be desirable to involve the clinical pharmacist also at territorial level, using new modes of communication and exploiting digitalization and telepharmacy.

