

Vermont Pharmacist Prescribing Protocol

Test and Treat: Strep Throat

Background

A pharmacist may independently order and administer CLIA-waived tests for strep throat and prescribe subsequent drug treatment, in a manner consistent with a valid State protocol approved by the Commissioner of Health, after consultation with the Director of Professional Regulation and the Board of Pharmacy. 26 V.S.A. § 2023(b)(2)(A)(xii). A pharmacist who independently test-and-treats for strep throat must follow this protocol. When prescribing under this protocol, the pharmacist is the prescriber of record.

Definitions

- “CLIA-waived test” means a diagnostic test waived under 42 C.F.R. § 493.15.
- “Point-of-care testing” means clinical diagnostic testing done at or near the site of patient care.
- “Strep throat” means Group A streptococcus (GAS) bacterial infection of the pharynx.

General considerations

A **pharmacy** that offers strep throat test-and-treat must provide, on-site, a copy of this protocol, a body-weight scale, a sphygmomanometer and stethoscope or automated blood pressure system, a thermometer, and a counseling area to provide reasonable patient privacy.

A **pharmacist** who tests and treats under this protocol must:

- Have training and education sufficient to perform the duties involved:
 - sample collection
 - point-of-care CLIA-waived testing techniques
 - physical assessment
 - knowledge of current, authoritative clinical practice guidelines for the treatment of strep throat for patients ages 5 and over
- Use Parts 1 to 6 below, or equivalent forms containing the same information, to provide and document clinical care. If using equivalent

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forms, accuracy and fidelity of content to this protocol as written must be assured.

- Determine if the patient has a primary care practitioner (PCP) and encourage them to seek routine primary care. If the patient doesn't have a PCP, refer patient to services for finding primary care, such as VT-211, for Medicaid beneficiaries, and the Vermont Medical Provider Lookup

Authorized Drugs

Antibiotics FDA approved and recommended under authoritative clinical practice guidelines, such as the Infectious Diseases Society of America or Centers for Disease Control, for treating strep throat.

Prescribing Records

The pharmacist must generate a written or electronic prescription for an antiviral prescribed under this protocol. The prescription must include all the information required by the Administrative Rules of the Board of Pharmacy. The prescription must be processed in the same manner that any other prescription is processed, following applicable statutes and rules for the dispensing of prescription drugs. Pharmacists are reminded to adhere as applicable to Medicare and Medicaid's record-keeping requirements, which may differ from the Board's requirements.

APPROVED:



Dr. Rick Hildebrant, Commissioner, Vermont Department of Health

Date: 10/16/2026

Signed by:

Jennifer Colin

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Jennifer B. Colin, Director, Vermont Office of Professional Regulation

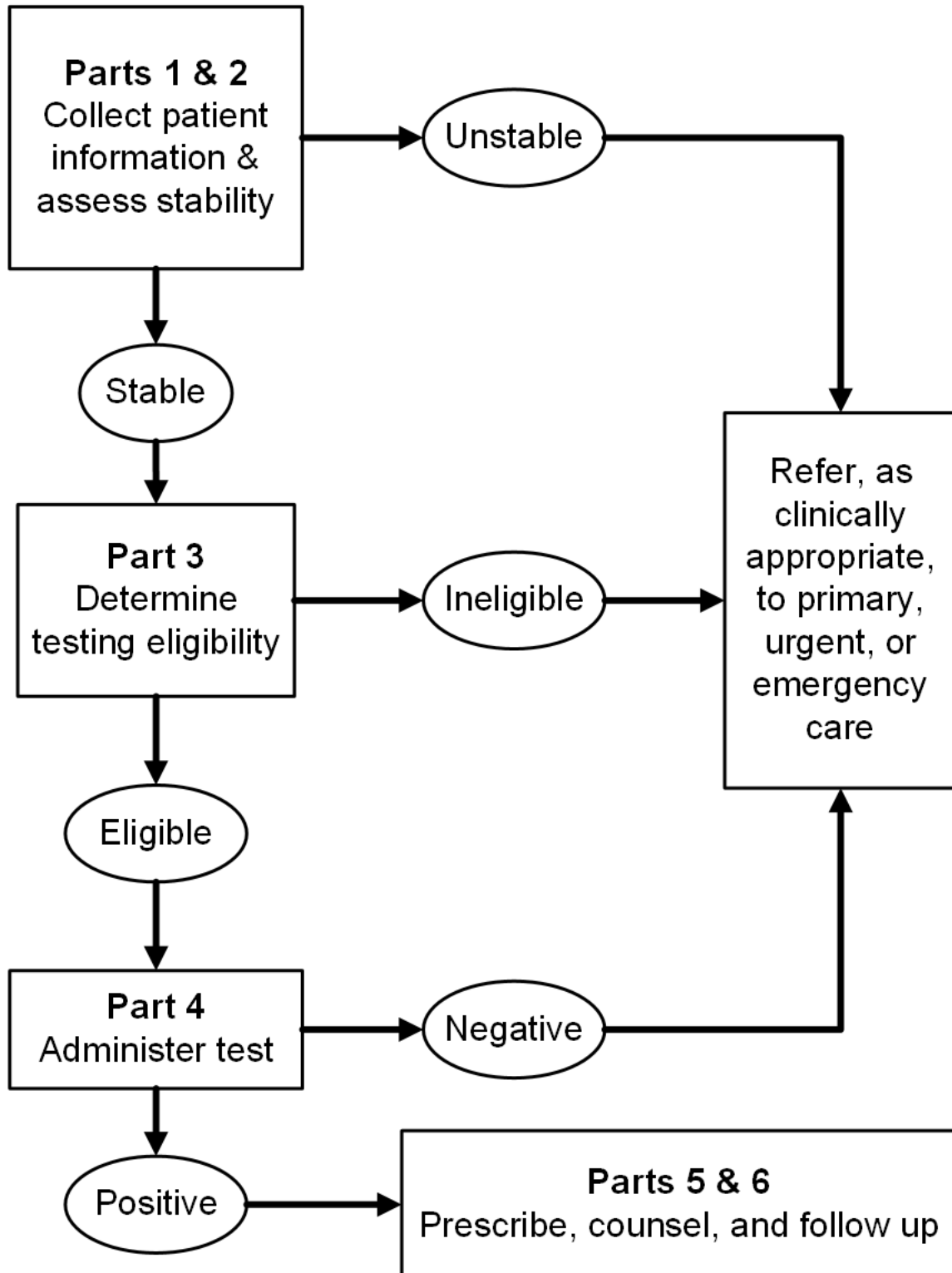
Date: 10/19/2026

References:

- Infectious Diseases Society of America – Practice Guidelines
- Centers for Disease Control – Clinical Guidance for Group A Streptococcal Pharyngitis

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Vermont Pharmacist Test-and-Treat Process Overview



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Part 1: Patient Information		Today's date: _____	
Name:	DOB:	Age:	
Address:		(5+ are eligible)	
City:	State:	Zip:	
Primary Care Practitioner (name & phone number):			No PCP: ☐
Health conditions (list all): Do you have chronic kidney disease (CKD)? ☐ YES ☐ NO Do you have severe liver disease or decompensated cirrhosis? ☐ YES ☐ NO Are you pregnant or breastfeeding? ☐ YES ☐ NO			
Medication allergies and reactions:			
Current Medications (Rx, OTC, herbals, topicals, supplements, vitamins, etc.):			
Current symptoms:			
<i>Note: If you do not have symptoms consistent with strep throat, you are not eligible to test and treat.</i>			

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Part 2.1 Patient Stability – Vitals

All patients		Unstable if:	Stable	Unstable
Temp (use one)	Temporal: _____	> 102 °F		
	Tympanic: _____	> 104 °F		
	Oral: _____	> 103 °F		
Ages 5 to 11		Unstable if:	Stable	Unstable
Blood pressure—SBP: _____		< 97 mmHg		
Blood pressure—DBP: _____		< 57 mmHg		
Pulse: _____ beats / min		> 118 beats / min		
Resp. Rate: _____ breaths / min		> 25 breaths / min		
Ages 12 to 17		Unstable if:	Stable	Unstable
Blood pressure—SBP: _____		< 110 mmHg		
Blood pressure—DBP: _____		< 64 mmHg		
Pulse: _____ beats / min		> 100 beats / min		
Resp. Rate: _____ breaths / min		> 20 breaths / min		
Ages 18 and older		Unstable if:	Stable	Unstable
Systolic blood pressure: _____		< 90 mmHg		
Diastolic blood pressure: _____		< 60 mmHg		
Pulse: _____ beats / min		> 125 beats / min		
Resp. Rate: _____ breaths / min		> 30 breaths / min		

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Part 2.2 Patient Stability -- Assessment	No (Stable)	Yes (Unstable)
Does patient receive hospice or home health services?		
Does patient have acute altered mental status (new confusion, inability to stay awake, etc.)?		
Does patient show signs of severe respiratory distress, which may include: muffled voice, drooling, "sniffing" or "tripod" position, severe unilateral sore throat, stiff neck/crepitus?		
Has patient had recent persistent vomiting or been unable to tolerate food and liquids? (signs of potential dehydration)		
STOP: If any answer in Part 2.1 or 2.2 is "Unstable," patient is unstable. • Patient is: _____ Stable _____ Unstable • If unstable, do not test-and-treat. Refer as clinically appropriate to primary, urgent, or emergency care. • If stable, move to Part 3.		

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Part 3 Patient Eligibility for Testing and Treatment

General questions	Yes (Eligible)	No (Ineligible)
Is patient clinically stable under Part 2?		
Is patient at least 5 years old?		
Does patient have symptoms consistent with strep throat? (sore throat, pain on swallowing, fever, headache, swollen or tender cervical lymph nodes, inflamed or swollen tonsils or uvula)*		
Did symptoms start within ≤ 4 days?		
Disqualifying Conditions & Medications	No (Eligible)	Yes (Ineligible)
Is patient immunocompromised? (e.g. hematologic malignancy, immunosuppressant drug therapy including corticosteroids for over 2 weeks, HIV/AIDS)?		
Does patient have a history of rheumatic fever, rheumatic heart disease, scarlet fever or GAS-induced glomerulonephritis?		
Has patient had a tonsillectomy in the last 30 days?		
Has patient has taken any antibiotics for sore throat or upper respiratory infection in the last 30 days?		

STOP: If any answer in Part 3 is “Ineligible,” patient is ineligible.

- Patient is: _____ Eligible _____ Ineligible
- **If ineligible, do not test-and-treat.** Refer as clinically appropriate to primary, urgent, or emergency care.
- **If eligible,** move to Part 4.

* Refer to authoritative clinical practice guidelines.

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Part 4 Testing	Completed?	
	Yes	No
Was a sample collected from eligible patient?		
Was CLIA-waived test performed?		
Date & time performed: _____		
Test Result: _____ Positive _____ Negative _____ Inconclusive		
Were results reported to patient?		
• If testing is negative: ○ <u>Do not treat.</u> Counsel regarding self-care measures. Refer as clinically appropriate to primary, urgent, or emergency care. ○ If RADT was used with any patient, counsel on the possibility of false-negatives and the risk of severe complications with untreated strep throat. ○ If RADT was used with a pediatric patient: ▪ Refer to PCP for follow-up throat culture. ▪ Within 24 hours, transmit the medication record directly to the patient's PCP, if any, and document communication attempts. Date, time, and method of transmission attempt(s): _____ ▪ Follow up with patient / guardian 36 to 72 hours after testing. Determine if patient has received, or has an appointment to receive, a throat culture. If not, reiterate risk of severe complications. Date, time, method, and outcome of follow-up attempt(s): _____ _____		
• If testing is positive, move to Parts 5 and 6.		

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Part 5 Drug Prescribing

- Select the highest-ranked clinically appropriate regimen, incorporation shared clinical decision-making, patient preference, and cost. Consider a lower-ranked regimen when higher-ranked options are contraindicated, unavailable, in shortage, or when an informed discussion supports an alternative that better aligns with the patient's preferences and circumstances.
- For patients with renal impairment:
 - Prescribe only if documented laboratory evidence of renal function, from the past 12 months, is available. Evidence may come from PCP, treatment facility, patient chart access point, or patient-supplied patient records.
 - If CrCL < 30 mL/min, adjust dose according to manufacturer package insert.
- Patient weight (measured at pharmacy): _____ lbs _____ kg

Patients Ages 5–15 years

Rank	Drug	Contraindication	Dose	Directions
1st line	Amoxicillin	Penicillin allergy	25 mg/kg (max 500 mg) twice daily for 10 days	Take X mg by mouth twice daily for 10 days
	Penicillin V		≤ 27 kg: 250 mg, twice daily for 10 days > 28 kg: 500 mg, twice daily, for 10 days	
2nd line	Cephalexin	Cephalosporin allergy	20 mg/kg (max 500 mg) twice daily, for 10 days	Take X mg by mouth twice daily for 10 days
	Cefadroxil	Severe penicillin allergy	30 mg/kg (max 1000 mg) once daily for 10 days	Take X mg by mouth once daily for 10 days
3rd line	Azithromycin	Macrolide allergy	12 mg/kg (max 500 mg) once daily for 5 days	Take X mg by mouth once daily for 5 days

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Part 5 Drug Prescribing, continued**Patients Over 15 years**

Rank	Drug	Contraindication	Dose	Directions
1st line	Amoxicillin	Penicillin allergy	500 mg, twice daily for 10 days	Take 500 mg by mouth twice daily for 10 days
	Penicillin V			
2nd line	Cephalexin	Cephalosporin allergy	500 mg, twice daily for 10 days	Take 500 mg by mouth twice daily for 10 days
	Cefadroxil	Severe penicillin allergy	1000 mg, once daily for 10 days	Take 1000 mg by mouth once daily for 10 days
3rd line	Azithromycin	Macrolide allergy	500 mg once daily for 5 days	Take 500 mg by mouth once daily for 5 days

Drug Prescribed: _____ Amoxicillin _____ Penicillin V

_____ Cephalexin _____ Cefadroxil _____ Azithromycin

Dose: _____ _____ None -- explain:

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Part 6 Patient Counseling For patients who test positive, the pharmacist must:	Done?
Provide disease and medication counseling, including any FDA-required materials.	
Advise patient to: • Stay home from school / daycare / work for at least 24 hours after starting antibiotic and after last untreated fever has passed • Follow up with PCP if infections are recurrent or symptoms do not improve 48 to 72 hours after beginning antibiotic	
Provide patient record of test result and medication provided	
Within 24 hours, transmit the medication record directly to the patient's PCP, if any, and document communication attempts. Date, time, and method of transmission attempt(s):	
Follow up with patient 36 to 72 hours after testing. Date, time, method, and outcome of follow-up attempt(s):	
If patient reports any of the following, instruct them to seek primary care or urgent/emergency treatment: • Significant deterioration in condition or new signs of clinical instability • New symptoms inconsistent with strep throat or indicating serious complications from strep throat • Medication side effects severe enough to warrant stopping therapy	