



New Brunswick College of Pharmacists
Ordre des pharmaciens du Nouveau-Brunswick

GUIDANCE: ASSESSING AND PRESCRIBING FOR TREATMENT OF HERPES ZOSTER (SHINGLES)

Assessing and Prescribing for Treatment of Herpes Zoster (Shingles)

Developed from the Nova Scotia College of Pharmacists document: (https://www.nspharmacists.ca/wp-content/uploads/2016/05/SOP_PrescribingDrugs.pdf) New Brunswick College of Pharmacists thanks the NSCP for sharing this resource.

Introduction

Pharmacists may prescribe antiviral medication for the treatment of herpes zoster (shingles).

Authority to assess and prescribe for treatment of herpes zoster (shingles) is given in Section 21 - Prescribing by Pharmacists of the *Regulations of the New Brunswick College of Pharmacists*. See also under Appendix 2, "List of Minor Ailments."

Process

To practice as a primary provider of treatment for herpes zoster (shingles), pharmacists must take the necessary steps to be competent. This should include but is not limited to:

- adherence to prescribing requirements for Minor Ailments in Section 21 of the Regulations
- undertaking additional education when needed
- reviewing clinical guidelines

Patient Assessment and Prescribing

- As part of assessment and prescribing, the pharmacist will discuss with the patient:
 - when to seek follow-up care from another health-care provider
 - the importance of infection control precautions, especially for patients who are in contact with individuals who have not had varicella previously, have not been vaccinated and those who are immunocompromised or pregnant
 - the benefits of vaccination against herpes zoster (shingles) to help prevent future occurrences
- Only evidence-based treatments for herpes zoster will be prescribed.
- A pharmacist may prescribe antiviral treatment for a patient who has a complicating symptom and/or risk factor, provided they clearly communicate to the patient the importance of being seen promptly by another health-care provider for further assessment and are satisfied that the patient understands the risks associated with not doing so.
- Furthermore, while better practice is to refer patients to another health-care professional when they are at higher risk or with symptoms of complicated disease (e.g., suspected disseminated, ocular, otic or neurologic manifestations), ***consider initiating treatment with an antiviral especially if they do not have immediate access to medical care.*** The pharmacist will instruct the patient to seek follow up care as soon as possible.

Suggested clinical tools:

- At MedSask, a comprehensive plan for patient assessment and prescribing, including prescribing algorithm and a fillable PDF for documentation of assessment.
<https://medsask.usask.ca/professional-practice/restricted-guidelines/shingles.php>
- (Requires subscription; part of NBPA membership [2022]).
- Dworkin et al. Recommendations for the Management of Herpes Zoster: Clinical Infectious Diseases 2007;44:s1-26, <https://pubmed.ncbi.nlm.nih.gov/17143845/>
- Cohen, JI; Herpes Zoster: [New England Journal of Medicine 2013;369:225-263](#) (subscription required)
- UptoDate: Treatment of herpes zoster in the immunocompetent host
https://www.uptodate.com/contents/treatment-of-herpes-zoster-in-the-immunocompetent-host?search=treatment-of-herpes-zoster-&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1
(subscription may be required)
- Gross et al S2k guidelines for the diagnosis and treatment of herpes zoster and postherpetic neuralgia; <https://onlinelibrary.wiley.com/doi/full/10.1111/ddg.14013>
- From New England Journal of Medicine ([July 18, 2013](#) N Engl J Med 2013; 369:255-263 DOI: 10.1056/NEJMcp1302674): Table 3