

Boards of pharmacy and other actions relating to COVID-19 prescribing

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“The A.M.A. is calling for a stop to any inappropriate prescribing and ordering of medications, including chloroquine or hydroxychloroquine, and appealing to physicians and all health care professionals to follow the highest standards of professionalism and ethics,” said AMA President Patrice A. Harris, MD. [States Say Some Doctors Stockpile Trial Coronavirus Drugs, for Themselves](#), March 24, 2020. Also see [April 5, 2020 with Dr. Harris on CNN](#).

The American Medical Association, American Pharmacists Association, and American Society of Health-System Pharmacists issued a [joint statement](#) on March 25, 2020 on inappropriate ordering, prescribing or dispensing of medications to treat COVID-19. The organizations issued this joint statement to highlight the important role that physicians, pharmacists and health systems play in being just stewards of health care resources during times of emergency and national disaster.

Select resources and other information

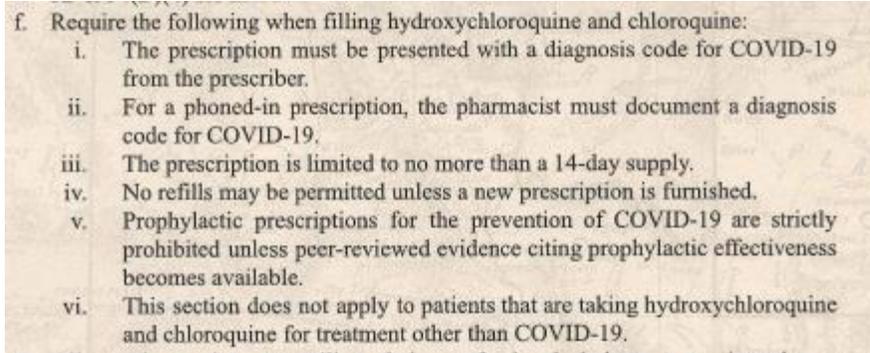
- [American Association of Poison Control Centers on Hydroxychloroquine Side Effects](#) (also see below)
- [U.S. Food and Drug Administration](#): Hydroxychloroquine or Chloroquine for COVID-19: Drug Safety Communication - FDA Cautions Against Use Outside of the Hospital Setting or a Clinical Trial Due to Risk of Heart Rhythm Problems (April 24, 2020)
- [JAMA Network Coronavirus Disease resources](#), including clinical information, public health and policy research, patient information, and more.
- The Lupus Foundation of America in partnership with the Arthritis Foundation are urging state pharmacy boards and other important stakeholders involved with the drug supply chain to take immediate action to ensure the availability of hydroxychloroquine (Plaquenil) and chloroquine (Aralen) for people with lupus and rheumatoid arthritis. [See more here](#).
- [American Society of Health System Pharmacists Assessment of Evidence for COVID-19-Related Treatments](#)
- [CVS Health said it was complying with state restrictions](#), and in “states with no guidelines, our pharmacies are limiting the dispensing of COVID-19 treatment to a 10-day supply with no refills,” said Mike DeAngelis, senior director of corporate communications.

****See below for select state laws, regulations, executive actions relating to boards of pharmacy, executive decisions or other new rules and regulations.**

Select state laws, regulations, executive actions relating to boards of pharmacy, executive decisions or other new rules/guidance

(chart will be updated as more information becomes available)

<p>1. Alabama</p>	<p>Alabama Board of Pharmacy</p> <p>https://www.albop.com/PDF%20Files/2020/Plaquenil.pdf</p> <p>The Alabama Board of Pharmacy does not intend to set policy about which drugs you should dispense or about the best decisions for your circumstances. We are receiving so many calls asking that we rule from one perspective or from the opposite perspective regarding the use of malaria drugs for COVID-19.</p> <p>These are facts which we have discovered and wish to share with you.</p> <ul style="list-style-type: none"> • Hydroxychloroquine is used in the treatment of arthritis to help relieve inflammation, swelling, stiffness, and joint pain, and also to help control the symptoms of lupus erythematosus (lupus; SLE) • Since these drugs were mentioned in Presidential press conferences, there has been a significant increase in prescriptions for the drug to be used for COVID-19. • We have received calls from patients who take the drug regularly to relieve symptoms of arthritis or lupus, and are now unable to refill the medication. • The National Association of Boards of Pharmacy reports, and we have received reports, that most new prescriptions are being held “in case” a person develops COVID-19. • We only wish to inform you of the pattern we see developing and suggest you use your professional judgment for the welfare of your patients. • Hydroxychloroquine has an extremely long half-life due to tissue absorption. A period of 6 months is required to achieve 96% of steady-state levels of hydroxychloroquine with the usual once daily, oral dosage regimen. Once the drug is stopped, it can take up to 5 months for the drug to be fully removed from the system. Patients experiencing side effects will have to live with those effects for months. (Br J Clin Pharmacol. 1989 Jun; 27(6): 771–779.) • At this time there is no research which provides reliable evidence that these drugs will be successful treatments for COVID-19. There is evidence that the drugs have serious side effects in some patients and there are warnings to use the drugs cautiously in children. (Coronavirus (COVID-19) Update: FDA Continues to Facilitate Development of Treatments) Pharmacists have the right to fill prescriptions for drugs written off label. A written prescription, however, may not be protection for you if the patient has major problems. • Information for Patients: Patients should be informed of the early signs and symptoms of toxicity such as rash or visual changes. Patients must see their physicians promptly in case of the appearance of these or of any unusual effects. Periodic laboratory tests may be recommended in some patients. Patients should be fully informed of the potential risks of the use of PLAQUENIL, especially in pregnancy and in children.
<p>2. Arizona</p>	<p>The Arizona Board of Pharmacy, as part of a more comprehensive set of policies issued the following on April 2, 2020 as part of Executive Order 2020-20, providing that the Board of Pharmacy shall:</p>



https://azgovernor.gov/sites/default/files/eo_2020-20_expanding_pharmacies.pdf

3. Arkansas

March 21, 2020

Chloroquine and Hydroxychloroquine Information

As current efforts are underway to combat the COVID-19 pandemic, a recent concern has been the reported issuance of prescriptions by physicians for and dispensing of hydroxychloroquine and chloroquine by pharmacies for prevention and treatment of COVID-19.

Pharmacists should exercise caution dispensing these medications in a community setting. Currently, there are no FDA-approved or clinically proven therapies for treatment of COVID-19. At present, the FDA has not approved use of chloroquine and hydroxychloroquine for COVID-19 prophylaxis. If used, hydroxychloroquine and chloroquine should be restricted to patients who are admitted to hospitals with COVID-19 infections.

The role of hydroxychloroquine and chloroquine in an individual patient’s care should be discussed with an infectious diseases physician at the healthcare facility. Medication side effects, drug interactions, contraindications, and laboratory monitoring requirements should also be considered when prescribing these medications for treatment of COVID-19.

Meeting those monitoring needs for patients could be limited in a community setting at the moment. Pharmacists and physicians must also consider that patients currently taking hydroxychloroquine for FDA approved indications could be affected by this prescribing. Supplies of chloroquine and hydroxychloroquine should be monitored by pharmacists for medication availability.

Providers prescribing hydroxychloroquine to patients for other indications (i.e.: lupus, rheumatoid arthritis) are encouraged to notate the indication on any new prescription issued.

Please note, this is a constantly evolving situation. As additional data is available, current information could be subject to change.

[https://www.healthy.arkansas.gov/images/uploads/pdf/hydroxychloroquine_document_\(final_on_letterhead\).pdf?fbclid=IwAR08XR7qDsJhRXhDyr8_Q8w3pIVFLZ71KsIp_t7gdIR6teHMI-D-LD-5m8bk](https://www.healthy.arkansas.gov/images/uploads/pdf/hydroxychloroquine_document_(final_on_letterhead).pdf?fbclid=IwAR08XR7qDsJhRXhDyr8_Q8w3pIVFLZ71KsIp_t7gdIR6teHMI-D-LD-5m8bk)

<p>4. California</p>	<p>Statement Regarding Improper Prescribing of Medications Related to Treatment for Novel Coronavirus (COVID-19)</p> <p>4/1/20</p> <p>The California Department of Consumer Affairs (DCA) is aware of recent news and social media reports of prescribers wrongfully hoarding and prescribing for themselves and family members certain medications referenced in the media relating to the novel coronavirus (COVID-19). Several states have recently issued emergency restrictions on how the drugs can be dispensed. Many require that medications be prescribed and dispensed only to patients with a legitimate and current medical condition. Further, the FDA recently issued an Emergency Use Authorization to allow for the use of hydroxychloroquine sulfate and chloroquine phosphate products donated by the Strategic National Stockpile for certain hospitalized patients with COVID-19. DCA, the Medical Board of California, and the California State Board of Pharmacy remind health care professionals that inappropriately prescribing or dispensing medications constitutes unprofessional conduct in California. Prescribers and pharmacists are obligated to follow the law, standard of care, and professional codes of ethics in serving their patients and public health.</p> <p>https://www.pharmacy.ca.gov/about/news_release/improper_prescribing.pdf</p>
<p>5. Delaware</p>	<p>Division of Professional Regulation</p> <p>March 24, 2020</p> <p>RE: Hydroxychloroquine and Chloroquine Supply Issues</p> <p>Dear Healthcare Professional:</p> <p>The Division of Professional Regulation has received a number of complaints regarding the improper and over prescribing of both hydroxychloroquine and chloroquine during the COVID-19 pandemic. Prescribers are prescribing these medications for new patients to have on hand if they experience signs of infection. To date, there are no studies to prove efficacy or safety of these drugs to treat COVID-19 in a community setting. The Food and Drug Administration has not approved these drugs to treat viral infections. This drug is used in very limited instances for very critically ill patients with COVID-19 in a clinical setting. The approved and most common uses for hydroxychloroquine in the United States are to manage the chronic diseases Lupus Erythematosus and Rheumatoid Arthritis. As a result of the improper and over prescribing of hydroxychloroquine, shortages of the drug are being reported statewide. One Delaware health system has restricted the use of hydroxychloroquine to infectious disease patients only. A number of pharmacies have instituted similar restrictions. New prescriptions are being limited to a 14-day supply, unless the patient is previously established on the medication. Patients previously established on the medication are limited to a 30- day supply. This should ensure that patients with chronic disease can get their medication and ensure there is adequate drug available in the clinical setting to manage the critically ill. The Division of Professional Regulation encourages prescribers, pharmacies, and pharmacists to adopt similar policies. Please refrain from prescribing these drugs prophylactically for</p>

	<p>COVID-19 exposure. We must ensure that patients with chronic disease can continue to manage their diseases and that the most critically ill get the medication they need. Thank you for your dedication and selflessness during this stressful time. Sincerely, Geoffrey N. Christ, R.Ph., J.D. Director</p> <p>https://dpr.delaware.gov/wp-content/uploads/sites/93/2020/03/Hydroxychloroquine-Stockpiling-Letter.pdf</p>
<p>6. District of Columbia</p>	<p>A new Section 1318, PRESCRIPTIONS FOR HYDROXYCHLOROQUINE, CHLOROQUINE, AND AZITHROMYCIN, is added to read as follows:</p> <p>1318 PRESCRIPTIONS FOR HYDROXYCHLOROQUINE, CHLOROQUINE, AND AZITHROMYCIN</p> <p>1318.1 Prescription drug orders for Hydroxychloroquine, Chloroquine, or Azithromycin shall only be dispensed as follows:</p> <ul style="list-style-type: none"> (a) If the prescriber has provided a diagnosis code for an FDA-approved use for the drug; or (b) If the prescription is written for a COVID-19 diagnosis: <ul style="list-style-type: none"> (1) The diagnosis shall have been confirmed by a positive test result, which must be documented on the prescription: (2) The prescription shall be limited to not more than a fourteen (14) day supply of Hydroxychloroquine or Chloroquine, and not more than a ten (10) day supply of Azithromycin; and (3) The prescription shall not be refilled. The prescriber must provide a new prescription order. <p>1318.2 The dispensing of Hydroxychloroquine, Chloroquine, or Azithromycin for patients who are presumptive positive for COVID-19 is prohibited except for use as part of a documented institutional review FDA-approved clinical trial to evaluate the safety and efficacy of the drugs to treat COVID-19. Prescriptions issued pursuant to this exception shall be accompanied by documentation that the patient is enrolled in a clinical trial.</p> <p>Adopted April 2, 2020</p>
<p>7. Idaho</p>	<p>Idaho State Board of Pharmacy https://bop.idaho.gov/wp-content/uploads/sites/99/2020/03/FAQ-COVID_03212020.pdf NEW TEMPORARY RULE EFFECTIVE IMMEDIATELY: 704. Medication Limitations. 1. No prescription for chloroquine or hydroxychloroquine may be dispensed except if all the following apply: a. The prescription bears a written diagnosis from the prescriber consistent with the evidence for its use; b. The prescription is limited to no more than a fourteen (14) day supply, unless the patient was previously established on the medication prior to the effective date of this rule; and c. No refills may be permitted unless a new prescription is furnished. (3/19/2020) Posted 3/19/2020</p>

<p>8. Illinois</p>	<p>As IPhA stated in our Pharmacy Recommendations during the Coronavirus (COVID-19) Pandemic released on March 20, 2020:</p> <p>Proper Medication Dispensing You may have patients seeking medications that may or may not be a proper treatment option for COVID-19. Please use your professional and clinical judgement to ensure ethical dispensing of medications for the treatment of COVID-19 that is outside established CDC and/or FDA approved guidance.</p> <p>IPhA strongly recommends the following (based on emergency action from the Idaho and Ohio Boards of Pharmacy) for new prescriptions that are not considered a component of established therapy prior to the COVID-19 pandemic or new diagnosis for health conditions non-related to the COVID-19 pandemic:</p> <ul style="list-style-type: none"> • No prescription for chloroquine or hydroxychloroquine may be dispensed except when all the following apply: <ul style="list-style-type: none"> o The prescription bears a written diagnosis code from the prescriber consistent with the evidence for its use; and o If written for a COVID-19 diagnosis, the diagnosis has been confirmed by a positive test result, which is documented on the prescription and both of the following apply: <ul style="list-style-type: none"> • The prescription is limited to no more than a fourteen-day supply; and • No refills may be permitted unless a new prescription is furnished. • Prescriptions for either presumptive positive patients or prophylactic use of chloroquine or hydroxychloroquine related to COVID-19 should be examined for proper patient-provider relationship and medical necessity. <p>IPhA reminds pharmacists that the Illinois Department of Financial and Professional Regulation has an online compliant form to file complaints against any registered professionals (including physicians, advanced practice nurse practitioners, physician assistants, & pharmacists). Click here to file an online complaint: https://www.idfpr.com/Admin/DPR/Complaint.asp</p>
<p>9. Indiana</p>	<p>JOINT STATEMENT FROM THE INDIANA BOARD OF PHARMACY AND THE MEDICAL LICENSING BOARD OF INDIANA</p> <p>The Indiana Board of Pharmacy and the Medical Licensing Board of Indiana have recently received reports of prescriptions being used for hydroxychloroquine, chloroquine and azithromycin for prophylactic purposes in response to the COVID-19 outbreak.</p> <p>Concerns have been raised that this activity may lead to stockpiling of medication, inappropriate use and potential drug shortages for patients with a legitimate need.</p> <p>To protect the public health and safety, licensees are reminded of the following: For Prescribers: To prevent drug shortages, the Board recommends the following:</p> <ul style="list-style-type: none"> • Prescribing hydroxychloroquine, chloroquine and azithromycin for COVID -19 prophylactic use is discouraged and not recommended by the Board. • Prescribing hydroxychloroquine, chloroquine and azithromycin for family, friends and co-workers in anticipation of a COVID-19 related illness can significantly impact drug supplies and may lead to improper use. Prescribers should exercise caution and refrain from prophylactic prescribing in light of the Public Health Emergency.

	<ul style="list-style-type: none"> • The Indiana Board of Pharmacy is suggesting that prescribers include the diagnosis code or diagnosis with the prescription. This may prevent calls from the pharmacy and prevent dispensing delays. • Prescribers should consider limiting the amount prescribed, unless otherwise deemed medically appropriate by the prescriber. [e.g., 14-day supply, etc.] For Pharmacists: • Pharmacists should use their professional judgment and take appropriate steps to verify that newly issued prescriptions for hydroxychloroquine, chloroquine and azithromycin are issued for a legitimate medical purpose. To prevent drug shortages, the Board recommends contacting prescribers to confirm the diagnosis for patients newly prescribed these medications during the Public Health Emergency. • The Board recommends that licensees limit supplies of hydroxychloroquine, chloroquine and azithromycin prescribed for presumptive COVID-19 positive patients or prophylactic use. Multiple states have adopted a 14-day supply limit. <p>While Indiana has not adopted a similar limit at this time, licensees should consider limited dispensing for patients newly prescribed hydroxychloroquine, chloroquine or azithromycin during the Public Health Emergency without a supporting medical diagnosis.</p> <p>• The Board is not recommending that pharmacies refuse to fill, the Board is recommending that pharmacies use caution.</p> <p>While both Boards are recommending caution, licensees should avoid interruptions in care for patients previously established on these medications with an appropriate medical diagnosis. The Boards recognize this may be a difficult balance, however, licensees should make a good faith effort to ensure appropriate prescribing, dispensing and patient care.</p> <p>https://www.in.gov/pla/files/Advisory%20Opinion%20on%20COVID-19%20Related%20Drugs.pdf</p>
<p>10. Iowa</p>	<p>Iowa Joint Board Statement regarding Hydroxychloroquine/Chloroquine/Azithromycin Date: Thursday, March 26, 2020</p> <p>The Iowa Boards of Medicine, Nursing, Physician Assistants, Dentistry and Pharmacy have recently received increased reports of prescriptions being issued for hydroxychloroquine, chloroquine, and azithromycin for prophylactic purposes in response to the COVID-19 outbreak. Concerns have been raised that this activity may lead to stockpiling of medication, inappropriate use and potential drug shortages for patients with a legitimate need. To protect the public health and safety, licensees are reminded of the following:</p> <p>For prescribers:</p> <ul style="list-style-type: none"> • Prescribing hydroxychloroquine, chloroquine and azithromycin for COVID-19 prophylactic use is discouraged and not recommend by the Boards at this time. • Prescribing hydroxychloroquine, chloroquine, and azithromycin for yourself, family, friends and co-workers in anticipation of a COVID-19 related illness can significantly impact drug supplies, which may negatively impact the health of existing patients who are established on these medications for the treatment of indicated disease states as approved by the FDA. Further, such prescribing may lead to improper use of these medications which can cause harm. Prescribers should exercise caution and refrain from prophylactic prescribing in light of the State of Public Health Disaster Emergency.

	<ul style="list-style-type: none"> • Prescribers should include the diagnosis code or diagnosis with prescriptions issued for hydroxychloroquine, chloroquine, and azithromycin. Including this information may prevent communications from the pharmacy which in turn will expedite the time to treat. • Prescribers should limit the amount prescribed of hydroxychloroquine, chloroquine, and azithromycin, unless otherwise deemed appropriate by the prescriber (e.g., 14-day supply, etc.). <p>For pharmacies:</p> <ul style="list-style-type: none"> • Pharmacists should use their professional judgment and take appropriate steps to verify that newly issued prescriptions for hydroxychloroquine, chloroquine, and azithromycin are issued for a legitimate medical purpose. To prevent drug shortages, the Board of Pharmacy recommends contacting prescribers to confirm the diagnosis of patients newly prescribed these medications during the State of Public Health Disaster Emergency. • Multiple states^[1] have adopted a 14-day supply limitation for the dispensing of these medications. While Iowa has not officially implemented a specific dosage unit or day supply limitation at this time, licensees are strongly encouraged to limit dispensing for patients newly prescribed hydroxychloroquine, chloroquine, and azithromycin during the State of Public Health Disaster Emergency if the prescription is not accompanied with a supporting diagnosis. The Board is not recommending that pharmacies refuse to fill legitimate prescriptions for hydroxychloroquine, chloroquine, or azithromycin; rather, the Board is recommending that pharmacies use caution and exercise professional judgment when deciding whether and how much to dispense of these medications. <p>While all Boards are recommending caution, licensees should avoid interruptions in care for patients previously established on these medications that have an appropriate diagnosis. The Boards recognize this may be a difficult balance; however, licensees should make a good faith effort to ensure appropriate prescribing, dispensing, and patient care.</p> <p>Joint Statement ^[1] North Carolina, Nevada, Louisiana, Texas, Ohio, and Idaho.</p> <p>https://pharmacy.iowa.gov/press-release/2020-03-26/iowa-joint-board-statement-regarding</p>
<p>11. Kansas</p>	<p>Kansas Board of Pharmacy</p> <p>https://pharmacy.ks.gov/docs/default-source/default-document-library/covid-19-kbop-memo.pdf?sfvrsn=fcabab01_10</p> <p>Revisions from 3/31/2020 in Green Revisions from 4/3/2020 in Purple</p> <p>DISPENSING CERTAIN MEDICATIONS The Board strongly encourages vigilance in processing new prescriptions for chloroquine and hydroxychloroquine and recommends reaching out to prescribers to verify diagnosis. Recent concerns regarding an increase in the issuance of prescriptions for these medications for prevention and treatment of COVID-19 indicate pharmacists should exercise caution dispensing these medications in a community setting. There are currently no FDA approved therapeutics or drugs to treat, cure or prevent COVID19; however, there are FDA-approved treatments that may help ease the symptoms. The FDA emergency use of chloroquine and hydroxychloroquine for COVID-19 patients may be obtained from the strategic national stockpile and should only be used in the hospital, inpatient treatment setting. The FDA has not indicated any approved use in outpatient or community dispensing settings. If used, medications should be restricted to patients who are</p>

	<p>admitted to hospitals with COVID-19 infections and individual patient care should be discussed with an infectious diseases provider at the healthcare facility. Medication side effects, drug interactions, contraindications, and laboratory monitoring requirements should also be considered. For clarification from the FDA, visit https://www.fda.gov/media/136534/download and https://www.fda.gov/media/136537/download. Pharmacists must also consider that patients currently taking hydroxychloroquine for FDA approved indications (i.e.: lupus, rheumatoid arthritis) could be affected by increased prescribing. Supplies of chloroquine and hydroxychloroquine should be monitored by pharmacists for medication availability. The Kansas Board of Healing Arts and Kansas Board of Nursing have also published guidance on this topic.</p>
<p>12. Kentucky</p>	<p>KENTUCKY BOARD OF PHARMACY Directives from Special Called Board Meeting March 25, 2020</p> <p>1. Prescriptions for chloroquine, hydroxychloroquine, mefloquine, or azithromycin may not be dispensed or distributed unless all the following apply:</p> <ol style="list-style-type: none"> a) the prescription or medication order bears a written diagnosis from the prescriber consistent with the evidence for its use; b) the prescription or medication order is limited to no more than a ten (10) day supply, unless the patient was previously established on the medication prior to the effective date of this rule; c) no refills may be permitted unless a new prescription or medication order is furnished with established written diagnosis and indication for continuation; and d) the Board of Pharmacy shall have the authority to set limitations on any medications for the use in treatment of the COVID-19 coronavirus. <p>https://pharmacy.ky.gov/Documents/Directives%20from%20KYBOP%20Special%20Called%20Board%20Meeting%20March%2025,%202020.pdf</p>
<p>13. Louisiana</p>	<p>Louisiana Board of Pharmacy</p> <p>To: Licensees & Interested Parties From: Malcolm J Broussard, Executive Director – Louisiana Board of Pharmacy Date: March 25, 2020 Re: Limitations on Dispensing Chloroquine and Hydroxychloroquine During COVID-19 Public Health Emergency</p> <p>Although the Board rescinded the previous Emergency Rule on this topic on March 23 based on new information at the time that the supply chain was adequate, there is new information emerging now which suggests that New Orleans and the rest of Louisiana are evolving as a new epicenter for the Coronavirus disease 2019. New data reveals the per capita caseload in Louisiana lags only New York and Washington.</p> <p>As additional supplies of the drugs are re-routed to Louisiana, it would be prudent for Louisiana pharmacists to exercise their professional discretion in the dispensing of chloroquine and hydroxychloroquine for at least the next 30-60 days. During their meeting today, the members voted to issue this guidance document in lieu of another emergency rule.</p> <ul style="list-style-type: none"> • With respect to the dispensing of chloroquine and hydroxychloroquine for the COVID-19 outbreak, the Board strongly encourages dispensing pharmacists in community pharmacies to ensure the prescription bears a COVID-19 diagnosis, and to dispense a maximum of a 14-day supply, with no refills unless a new prescription is presented.

	<ul style="list-style-type: none"> • With respect to the dispensing of chloroquine and hydroxychloroquine for all other diagnoses, the Board strongly encourages dispensing pharmacists in community pharmacies to dispense a maximum of a 30-day supply per dispensing. • The Board specifically encourages pharmacists to exercise their professional discretion when presented prescriptions written for large quantities, or for what appears to be outside the context of a legitimate physician-patient relationship, or for what may not be a legitimate medical purpose. <p>March 25, 2020</p>
<p>14. Maine</p>	<p>JOINT STATEMENT OF THE BOARD OF OSTEOPATHIC LICENSURE AND THE BOARD OF LICENSURE IN MEDICINE ON PRESCRIBING CHLOROQUINE, HYDROXYCHLOROQUINE, AND AZITHROMYCIN</p> <p>There have been reports nationally as well as in Maine that physicians or physician assistants are prescribing chloroquine, hydroxychloroquine and azithromycin to prevent or treat COVID-19, and they are prescribing these medications for themselves, family members, or for patients without symptoms or a COVID-19 diagnosis.</p> <p>Such activity may lead to stockpiling of medication, inappropriate use, and potential drug shortages for patients with a legitimate need for these medications. During this coronavirus emergency, physicians and physician assistants must carefully follow established guidance and clinical evidence in making prescribing and treatment decisions.</p> <p>On March 28, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization for use of oral formulations of chloroquine phosphate and hydroxychloroquine sulfate to be prescribed by doctors for hospitalized adult and adolescent patients.</p> <p>IN ORDER TO PROTECT PUBLIC HEALTH AND WELFARE MAINE PHYSICIANS AND PHYSICIAN ASSISTANTS ARE REMINDED THAT:</p> <p>Absent acute or emergency circumstances, prescribing for oneself or family members is considered unethical and unprofessional conduct. It may also violate applicable Board rules.</p> <p>Prescribing chloroquine, hydroxychloroquine, and azithromycin for prophylactic purposes in response to the COVID-19 outbreak may be considered unprofessional conduct, may negatively impact drug supplies impacting the health of existing patients who are established on these medications for treatment of their disease, and may lead to improper use which can cause patient harm.</p> <p>Physicians and physician assistants are reminded to prescribe appropriately and to consider medication side effects, drug interactions, contraindications, and appropriate monitoring requirements (e.g. laboratory and cardiac testing). Meeting appropriate monitoring requirements for patients may be limited or restricted during this pandemic. You must exercise sound professional judgment and adhere to evidence-based standards of practice in making your prescribing and treatment decisions.</p> <p>Effective: April 14, 2020</p>

	<p>https://www.maine.gov/pfr/professionallicensing/professions/pharmacy/pdf/joint_statement_of_tepathic_licensure_board_of_medicine_on_prescribing_chloroquine_hydroxychloroquine_and_azithromycin.pdf</p>
<p>15. Massachusetts</p>	<p>Massachusetts Board of Pharmacy</p> <p>Can we limit hydroxychloroquine and chloroquine prescription quantities?</p> <p><i>New prescriptions for hydroxychloroquine or chloroquine for COVID-19 conditions should be limited to a 14 day supply and must be within the provider’s scope of practice.</i></p> <p><i>At this time, new and refill prescriptions for treatment of non-Covid-19 health conditions do not need to be reduced in quantity.</i></p> <p>https://www.mass.gov/news/coronavirus-disease-2019-covid-19-frequently-asked-questions</p>
<p>16. Michigan</p>	<p>The Department of Licensing and Regulatory Affairs (LARA) has received multiple allegations of Michigan physicians inappropriately prescribing hydroxychloroquine or chloroquine to themselves, family, friends, and/or coworkers without a legitimate medical purpose.</p> <p>Prescribing hydroxychloroquine or chloroquine without further proof of efficacy for treating COVID-19 or with the intent to stockpile the drug may create a shortage for patients with lupus, rheumatoid arthritis, or other ailments for which chloroquine and hydroxychloroquine are proven treatments.</p> <p>Reports of this conduct will be evaluated and may be further investigated for administrative action. Prescribing any kind of prescription must also be associated with medical documentation showing proof of the medical necessity and medical condition for which the patient is being treated. Again, these are drugs that have not been proven scientifically or medically to treat COVID-19.</p> <p>Michigan pharmacists may see an increased volume of prescriptions for hydroxychloroquine and chloroquine and should take special care to evaluate the prescriptions’ legitimacy. Pursuant to Michigan Administrative Code, R 338.490(2), a pharmacist shall not fill a prescription if the pharmacist believes the prescription will be used for other than legitimate medical purposes or if the prescription could cause harm to a patient.</p> <p>It is also important to be mindful that licensed health professionals are required to report inappropriate prescribing practices. LARA appreciates all licensed health professionals for their service and cooperation in assuring compliance in acting responsibly while continuing to provide the best possible care for Michigan’s citizens during this unprecedented and very challenging time.</p> <p>Facebook post https://www.facebook.com/michiganLARA/posts/2854268934622530 (March 24, 2020)</p>
<p>17. Minnesota</p>	<p>Governor’s Executive Order</p> <p>https://www.leg.state.mn.us/archive/execorders/20-23.pdf</p> <p>I authorize the Minnesota Board of Pharmacy, established pursuant to Minnesota Statutes 2019, section 151.02, to enforce the following medication dispensing limitations, until termination of the peacetime emergency declared in Executive Order 20-01. A prescription</p>

	<p>drug order for chloroquine or hydroxychloroquine must contain a diagnosis appropriate for the use of these medications and be dispensed for no more than 30 days at a time.</p> <p>(March 27, 2020)</p>
<p>18. Mississippi</p>	<p>Chloroquine and Hydroxychloroquine Information</p> <p>As current efforts are underway to combat the COVID-19 pandemic, a recent concern has been the reported issuance of prescriptions by prescribers for and dispensing of hydroxychloroquine and chloroquine by pharmacies for prevention and treatment of COVID-19. Pharmacists should exercise caution dispensing these medications in a community setting.</p> <p>Currently, there are no FDA-approved or clinically proven therapies for treatment of COVID-19. At present, the FDA has not approved use of chloroquine and hydroxychloroquine for COVID-19 prophylaxis.</p> <p>If used, hydroxychloroquine and chloroquine should be restricted to patients who are admitted to hospitals with COVID-19 infections. The role of hydroxychloroquine and chloroquine in an individual patient’s care should be discussed with an infectious diseases physician at the healthcare facility.</p> <p>Medication side effects, drug interactions, contraindications, and laboratory monitoring requirements should also be considered when dispensing these medications for treatment of COVID-19. There is a potential for toxicity with these medications. Meeting those monitoring needs for patients could be limited in a community setting at the moment.</p> <p>Pharmacists and prescribers must also consider that patients currently taking hydroxychloroquine for FDA approved indications could be affected by this prescribing. Supplies of chloroquine and hydroxychloroquine should be monitored by pharmacists for medication availability.</p> <p>Providers prescribing hydroxychloroquine to patients for other indications (i.e.: lupus, rheumatoid arthritis) are encouraged to notate the indication on any new prescription issued. Please note, pharmacists are encouraged to use their professional judgement and are allowed to deny prescriptions based on the above information, if necessary.</p> <p>This is a constantly evolving situation. As additional data is available, current information could be subject to change. Please continue to check your email from the Mississippi Board of Pharmacy and our website, www.mbp.ms.gov, for updated information pertaining to COVID-19.</p> <p>Sincerely, Ryan Harper President Mississippi Board of Pharmacy Susan McCoy Executive Director Mississippi Board of Pharmacy</p>
<p>19. Missouri</p>	<p>The Missouri State Board of Registration for the Healing Arts and the Missouri Board of Pharmacy have recently received increased reports of prescriptions being issued for hydroxychloroquine, chloroquine and azithromycin for prophylactic purposes in response to the COVID-19 outbreak. Concerns have been raised that this activity may lead to stockpiling of medication, inappropriate use and potential drug shortages for patients with a legitimate need. (March 23, 2020)</p> <p>https://pr.mo.gov/boards/healingarts/JOINT-STATEMENT-III.pdf</p>

<p>20. Nevada</p>	<p>Governor Sisolak signs emergency regulation restricting drug distribution during COVID-19. March 24, 2020</p> <p>https://nvhealthresponse.nv.gov/wp-content/uploads/2020/03/03.24-pharmacy-drugs_.pdf</p> <p>The regulation prohibits the prescribing and dispensing chloroquine and hydroxychloroquine for a COVID-19 diagnosis, requires an ICD-10 code on prescriptions for the drugs and limits the prescription amount to a 30-day supply for the drugs. The emergency regulation will ensure access for Nevada patients to chloroquine and hydroxychloroquine for legitimate medical purposes.</p>
<p>21. New Hampshire</p>	<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES ORDER TO RESPOND TO CORONAVIRUS DISEASE 2019 IN NEW HAMPSHIRE</p> <p>https://www.oplc.nh.gov/pharmacy/documents/dhhs-emergency-order-04-03-2020.pdf</p> <p>Now therefore, in consultation and with concurrence of His Excellency, Governor Christopher T. Sununu, and pursuant to RSA 21-P:53, III, it is hereby ordered, effective immediately, that:</p> <ol style="list-style-type: none"> 1. Chloroquine, hydroxychloroquine, and albuterol inhalers shall be subject to the following controls, restrictions, and rationing: <ol style="list-style-type: none"> a) Outpatient prescriptions for patients not already established on chloroquine and hydroxychloroquine shall be limited to a 30-day supply. b) No prescriptions of chloroquine or hydroxychloroquine shall be issued or dispensed as prophylaxis treatment for COVID-19. c) Prescribing providers, when issuing a prescription in any form for chloroquine or hydroxychloroquine, must document an indication for all patients, including patients already established on these medications. d) For albuterol inhalers, prescribing providers shall limit prescriptions to one inhaler with up to three refills for all new prescriptions to treat respiratory symptoms of COVID-19. e) For all prescriptions of albuterol inhalers, pharmacists shall conduct a prospective drug utilization review to ensure adherence to asthma controller or maintenance medications, and counsel patients that are non-compliant and over-utilizing rescue inhalers. 2. This Order shall remain in effect until the State of Emergency declared by the Governor is terminated, or this Order is rescinded, whichever shall happen first. <p>Signed by DHHS Commissioner Lori A. Shibinette on April 3, 2020.</p>
<p>22. New Jersey</p>	<p>New Jersey Attorney General Department of Consumer Affairs March 30, 2020</p> <p>The Division’s order, which applies effective immediately and until further notice, mandates that any prescription for a drug in short supply due to its use in possible treatment of COVID-19, such as hydroxychloroquine and chloroquine, must include a diagnosis or diagnostic code and should be supported in the patient’s record. Prescriptions without this information are invalid and may not be filled by pharmacists.</p> <p>To address concerns about inappropriate prescribing, prescribers are not to prescribe medications in short supply as prophylaxis against COVID-19 for the prescriber’s family or friends or to stockpile the drugs for office use. In addition, all prescriptions written should be for treatment of conditions within the prescriber’s scope of practice. So, for example,</p>

	<p>podiatrists, dentists and veterinarians should not be writing prescriptions for medications designed to treat COVID-19. Pharmacists should not fill prescriptions if they believe the prescriber is acting outside the scope of their practice.</p> <p>Hydroxychloroquine or chloroquine may be prescribed and dispensed for treatment of COVID-19 only if supported by a positive test result, which must be documented on the prescription, and limited to a 14-day supply, with no refills permitted.</p> <p>The order’s limitations do not apply to orders of medications for inpatient hospital use, or for use in federal or state clinical trials.</p> <p>The order also does not limit prescriptions of hydroxychloroquine and chloroquine for patients being treated with maintenance prescriptions for preexisting conditions, such as lupus or other autoimmune diseases. These patients may continue to obtain refills of hydroxychloroquine and chloroquine, and are not subject to the 14-day limitation.</p> <p>In addition, pharmacists may exercise judgment when filling or refilling prescriptions for medications that may soon be in short supply due to increased demand of certain drugs or drug delivery systems due to the COVID-19 pandemic. For example, the demand for metered dose inhalers has increased. A pharmacist may prudently dispense only one metered dose inhaler when a prescription was written for three.</p> <p>Suspected violations of the Division’s order should be reported to the New Jersey Board of Medical Examiners here.</p> <p>https://www.nj.gov/oag/newsreleases20/DCA_AO_2020-01.pdf</p>
<p>23. New York</p>	<p>No pharmacist shall dispense hydroxychloroquine or chloroquine except when written as prescribed for an FDA-approved indication; or as part of a state approved clinical trial related to COVID-19 for a patient who has tested positive for COVID-19, with such test result documented as part of the prescription. No other experimental or prophylactic use shall be permitted, and any permitted prescription is limited to one fourteen-day prescription with no refills.</p> <p>https://www.governor.ny.gov/news/no-20210-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency (To last for the period of the state emergency)</p>
<p>24. North Carolina Board of Pharmacy</p>	<p><i>SUNDAY, MARCH 22, 2020</i> PRESCRIPTIONS FOR HYDROXYCHLOROQUINE, CHLOROQUINE, AZITHROMYCIN, KALETRA, AND OTHER MEDICATIONS. Board staff and public health officials at the North Carolina Department of Health and Human Services are aware of numerous reports from pharmacists across the state concerning new prescriptions for hydroxychloroquine, chloroquine, azithromycin, Kaletra, and potentially other medications – often in large quantities with a high number of refills -- to respond to the COVID-19 pandemic. Reports include these prescriptions being issued by prescribers for themselves and family members, and for persons who have not been exposed to or infected by the COVID-19 virus. Board staff and public health officials are aware that some prescription drug wholesalers are reporting shortages of these drugs. Board staff are aware that at least three other state boards of pharmacies have passed emergency rules limiting the circumstances under which these drugs may be dispensed, and their quantities.</p> <p>All health care providers are reminded that, while these drugs are being investigated as potential COVID-19 treatments, there is at this date only anecdotal evidence of their potential usefulness. Public health authorities are working to obtain better data on their potential -- and most appropriate -- use in the pandemic.</p>

	<p><u>Pharmacists are reminded of their ability to refuse to fill prescriptions that, in the pharmacist’s professional judgment, are not clinically appropriate. And exercising that professional judgment may include setting reasonable policies designed to ensure that prescription drugs are available for all patients, including by use of partial fills of limited days’ supply and otherwise ensuring that patients taking these medications for established, and approved, indications do not have their drug therapy interrupted. 21 NCAC 46.1801.</u></p> <p>Public health officials at the North Carolina Department of Health and Human Services are working with appropriate stakeholders, including the Board of Pharmacy, to issue guidance and take actions on this issue that are designed to best protect the public health and safety. Please continue to monitor the Board of Pharmacy website for updates on this, and other, issues.</p>
<p>25. Ohio Board of Pharmacy</p>	<p>Today @OhioRxBoard met to pass emergency rules that restrict dispensing of malaria medications. There has been a huge uptick in prescriptions of these drugs and we need to make sure that they are being used in the most appropriate way. Gov. Mike DeWine 1:26 PM - Mar 22, 2020</p> <p>On March 22, 2020, Governor Mike DeWine authorized the State of Ohio Board of Pharmacy to file emergency rule 4729-5-30.2 of the Administrative Code, which reads:</p> <p><u>4729-5-30.2 – Prescription requirements for chloroquine or hydroxychloroquine</u></p> <p>(A) Unless otherwise approved by the board’s executive director, no prescription for chloroquine or hydroxychloroquine may be dispensed by a pharmacist or sold at retail by a licensed terminal distributor of dangerous drugs unless all the following apply:</p> <ul style="list-style-type: none"> (1) The prescription bears a written diagnosis code from the prescriber; and (2) If written for a COVID-19 diagnosis, the diagnosis has been confirmed by a positive test result, which is documented on the prescription and both of the following apply: <ul style="list-style-type: none"> (a) The prescription is limited to no more than a fourteen-day supply; and (b) No refills may be permitted unless a new prescription is furnished. <p>(B) Prescriptions for either presumptive positive patients or prophylactic use of chloroquine or hydroxychloroquine related to COVID-19 is strictly prohibited unless otherwise approved by the board’s executive director in consultation with the board president, at which time a resolution shall issue.</p>
<p>26. Oregon</p>	<p>Oregon Board of Pharmacy</p> <p>EFFECTIVE IMMEDIATELY (3/25/2020): Oregon Board of Pharmacy adopts temporary emergency rule (OAR 855-007-0085) prohibiting the dispensing of chloroquine and hydroxychloroquine for presumptive treatment or prevention of COVID-19 infection to preserve supplies for treatment of malaria, inflammatory conditions, and documented COVID-19 infection in hospitalized patients. (see Prescription Therapy for COVID-19 Patients Informational/FAQs)</p> <p>https://www.oregon.gov/pharmacy/Pages/index.aspx</p>

<p>27. Rhode Island</p>	<p style="text-align: center;">Emergency Regulation: Off label prescribing of medications for COVID-19 216-RICR-20-20-6</p> <p>TITLE 216 – DEPARTMENT OF HEALTH</p> <p>CHAPTER 20 - COMMUNITY HEALTH</p> <p>SUBCHAPTER 20 - DRUGS</p> <p>PART 6 – OFF LABEL PRESCRIBING OF MEDICATIONS FOR COVID-19 March 22, 2020</p> <p>x.1 Authority</p> <p>A. These regulations are promulgated pursuant to the authority conferred under R.I.Gen. Laws §§ 23-1-1 and 23-1-18, and are established for the purpose of allowing off-label prescribing to treat COVID-19.</p> <p>x. 2 Definitions</p> <p>A. Wherever used in this Part, the terms listed below shall be construed in the following manner:</p> <ol style="list-style-type: none"> 1. "COVID-19" means the new disease caused by novel coronavirus SARS-CoV-2. 2. "Off-label prescribing" means the prescribing of an FDA-approved medication for reasons other than indicated or approved by the FDA. 3. "Practitioner" means any person licensed in the state of Rhode Island to provide health care services and to prescribe medication. <p>x.3 Off-label prescribing of medications for treatment or prevention of COVID-19</p> <p>A. No practitioner shall prescribe any medication for COVID-19, either for treatment or prevention, unless treatment or prevention of COVID-19, or similar infectious disease, is within such practitioner's usual and customary scope of practice.</p> <p>B. Any practitioner who chooses to prescribe an FDA-approved medication for the off-label purpose of treating COVID-19 shall:</p> <ol style="list-style-type: none"> 1. Indicate on the prescription the applicable ICD-10 diagnosis code. 2. Indicate on the prescription a telephone number at which the dispensing authority (e.g., pharmacist) may reach the health care provider to address questions relative to dose and treatment. 3. Document in the associated patient's medical record that the specific risks and benefits of the off-label treatment were discussed with the patient. 4. Document in the associated patient's medical record the clinical rationale for the off-label prescribing, citing: <ul style="list-style-type: none"> o a. At least one peer-reviewed article that justifies the clinical decision for the off-label prescribing, in the event that the FDA publishes such guidance. o b. Applicable FDA guidance justifying the clinical decision for the off-label prescribing, in the even that the FDA publishes such guidance. <p>C. This Part does not apply to physicians, licensed to practice medicine in the state of Rhode Island pursuant to Title 5, Chapter 37 of the R.I. Gen. Laws, who are board certified in the American Board of Medical Specialties (ABMS) specialties of Infectious Disease and/or Critical Care.</p>
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<p>28. South Carolina</p>	<p>The Boards of Medical Examiners and Pharmacy jointly issue the following guidance regarding prescribing and dispensing Of Hydroxychloroquine, Chloroquine, and Azithromycin:</p> <ol style="list-style-type: none"> 1. Physicians should not prescribe Hydroxychloroquine, Chloroquine, and Azithromycin to themselves or family members unless faced with a bona fide emergency involving an actual diagnosis of a COVID-19 infection; 2. Physicians should consider the tremendous stress placed upon the supply chain by prescribing Hydroxychloroquine, Chloroquine, and Azithromycin prophylactically and/or simply for the patient to have available in the event the patient develops a COVID-19 infection. Physicians should also consider that irresponsible prescribing can prevent patients with a diagnosed COVID-19 infection from receiving these drugs, even in an hospital setting, should they be determined to be effective in treating the condition. 3. Physicians should include a bona fide diagnosis on any prescription issued for Hydroxychloroquine, Chloroquine, and Azithromycin and could be subject to discipline for including an inaccurate diagnosis. 4. Pharmacists should use their professional judgment in determining whether to fill prescriptions for Hydroxychloroquine, Chloroquine, and/or Azithromycin and should consider the needs of patients previously prescribed these medications for conditions for which the medications have been approved by the FDA or for which have been historically used off-label to treat certain conditions. Pharmacists should also consider the effect on the supply of Hydroxychloroquine, Chloroquine, and/or Azithromycin prior to filling prescriptions for these drugs. 5. As this is a fluid situation, the Boards will continue to monitor the supply of the medications, as well as additional data regarding their effectiveness in the treatment of COVID-19 as it comes available. Should the circumstances so dictate, the Board will issue additional guidance. <p>The guidance set forth above shall remain in effect until further Order of the Boards of Medical Examiners and Pharmacy. IT IS SO ORDERED. March 25, 2020</p>
<p>29. Tennessee</p>	<p>Tennessee Department of Health</p> <p>DATE: March 26, 2020 TO: Health Care Provider FROM: Lisa Piercey, MD, MBA, FAAP Commissioner SUBJECT: Statement on Chloroquine, Hydroxychloroquine and Azithromycin</p> <p>According to FDA and CDC, there are no FDA-approved therapeutics to treat, cure, or prevent COVID-19 at this time. Specifically, hydroxychloroquine, chloroquine, and azithromycin are not FDA-approved for COVID-19 prevention or treatment.</p> <p>Likewise, there are no currently available data from Randomized Clinical Trials (RCTs) to inform clinical guidance on the use, dosing, or duration of hydroxychloroquine, chloroquine, or azithromycin for the indications being investigated. Research is currently underway, and prescribers must be mindful that evidence of effectiveness is minimal and that there are known harms of these medications.</p>

	<p>Specifically, hydroxychloroquine and azithromycin, for example, are associated with QT prolongation and caution is advised when considering these drugs in patients with chronic medical conditions (e.g. renal failure, hepatic disease) or in patients receiving medications that might interact to cause arrhythmias.</p> <p>We want providers and pharmacists to act with their best discretion to ensure patients continue to receive appropriate treatment in times of shortages.</p> <p>We discourage inappropriate prescribing or hoarding of this medication for prophylaxis or treatment of COVID-19, which may limit access for patients that require these medications for therapy for approved indications.</p> <p>https://www.tn.gov/content/dam/tn/health/healthprofboards/pharmacy-board/2020-March-26-Statement-to-HCP.pdf</p>
<p>30. Texas Board of Pharmacy</p>	<p>https://www.pharmacy.texas.gov/files_pdf/291.30.pdf TITLE 22 EXAMINING BOARDS 2 PART 15 TEXAS STATE BOARD OF PHARMACY 3 CHAPTER 291 PHARMACIES 4 SUBCHAPTER A ALL CLASSES OF PHARMACIES 5 §291.30. Medication Limitations. 6 No prescription or medication order for chloroquine, hydroxychloroquine, mefloquine, or 7 azithromycin may be dispensed or distributed unless all the following apply: 8 (a) the prescription or medication order bears a written diagnosis from the prescriber consistent 9 with the evidence for its use; 10 (b) the prescription or medication order is limited to no more than a fourteen (14) day supply, 11 unless the patient was previously established on the medication prior to the effective date of this 12 rule; and 13 (c) no refills may be permitted unless a new prescription or medication order is furnished.</p>
<p>31. West Virginia</p>	<p>Emergency Rule Regarding Chloroquine and Hydroxychloriquine</p> <p>3/23/2020</p> <p>The State of West Virginia is currently under a declared State of Emergency for the Covid-19 pandemic. The drugs chloroquine and hydroxychloroquine are thought to potentially be helpful in the treatment of Covid-19. These two drugs are also used in the treatment of other conditions unrelated to Covid-19.</p> <p>Currently, both nationally and in West Virginia, some prescribers have begun writing prescriptions for these drugs for family, friends, and coworkers in anticipation of Covid-19 related illness. This is leading to a shortage of the drug both for patients prescribed the drug for issues unrelated to Covid-19 and potentially to individuals suffering from the effects of Covid-19.</p> <p>In response to this issue, the West Virginia Board of Pharmacy proposed an emergency rule pursuant to its general rulemaking authority found in West Virginia Code§ 30-5-7, along with</p>

	<p>West Virginia Code §§ 29A-3-15 and 30-5-14. This rule seeks to ensure that these drugs are only dispensed to individuals currently in need of these drugs. The rule has been approved by the WV Secretary of State and is Effective 3/21/2020.</p> <p>Board of Medicine licensees should conform their prescribing practices to align with this emergency rule:</p> <p>§ 15-1-26. Medication Limitations.</p> <p>26.1 No prescription for chloroquine or hydroxychloroquine may be dispensed except if all the following apply:</p> <p style="padding-left: 40px;">26.1.a. The prescription bears a written diagnosis from the prescriber consistent with the evidence for its use;</p> <p style="padding-left: 40px;">26.1.b. The prescription is limited to no more than thirty (30) tablets, unless the patient was previously established on the medication prior to the effective date of this rule; and</p> <p style="padding-left: 40px;">26.1.c. No refills may be permitted unless a new prescription is furnished. This requirement does not apply to the patient previously established on the medication prior to the effective date of this rule.</p> <p>https://wvbom.wv.gov/article.asp?id=75&action2=showArticle&ty=CTTS</p>
<p>32. Wisconsin</p>	<p>The Wisconsin Medical Society and the Pharmacy Society of Wisconsin (PSW) issued a joint statement asking physicians and pharmacists to exercise responsible prescribing practices during the COVID-19 pandemic. Specifically, the statement addresses concerns about stockpiling and preventative prescribing of chloroquine, hydroxychloroquine and azithromycin as potential treatments for patients with COVID-19.</p> <p>In addition, the statement affirms both the Society’s and PSW’s support for the national joint statement between the American Medical Association, American Pharmacists Association and American Society of Health-System Pharmacists. It also expresses support for the myriad of clinical trials currently underway. (March 31, 2020)</p>
<p>33. Wyoming</p>	<p>Wyoming Board of Pharmacy</p> <p>1A. Azithromycin, Chloroquine, and Hydroxychloroquine Medication Shortages The Board Pharmacy has received a number of concerned emails and calls from pharmacists about prescriptions for Azithromycin, Chloroquine and Plaquenil (Hydroxychloroquine) for COVID- 19. While there have been anecdotal reports that these medications may help treat COVID-19, there not yet enough clinical evidence that it's effective in humans for the management of the disease. In order for a prescription to be effective, it must be issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice. The responsibility for the proper prescribing of medications is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Pharmacists should use their professional judgment when they evaluate therapeutic appropriateness when determining whether or not they should dispense what was prescribed. Pharmacists should carefully evaluate</p>

	<p>prescriptions for these medications to help prevent shortages that can be caused by excessive prescribing. Some things pharmacists may want to consider could include:</p> <ul style="list-style-type: none"> • Is there a diagnosis that is consistent with the evidence for its use from the prescriber? • Is this a routine medication for this patient? <p>• Limiting what is dispensed to no more than a 14-day supply for prescriptions that do not have a diagnosis consistent with evidence for patients that have never received that medication before. The American Medical Association, American Pharmacists Association and American Society of Health-System Pharmacists have issued a joint statement on the inappropriate ordering, prescribing or dispensing of medications to treat COVID-19. The organizations issued this joint statement to highlight the important role that physicians, pharmacists and health systems play in being just stewards of health care resources during times of emergency and national disaster.</p> <p>The Wyoming Board of Medicine has also issued a statement on COVID-19 Prescribing and Conservation of Health Resources. The Wyoming Board of Medicine expects physicians and physician assistants to adhere to the standard of care at all times, and will aggressively investigate any reports of inappropriate prescribing related to COVID-19 and misallocation of scarce health resources during this public health emergency. Pharmacists that believe they have received inappropriate prescriptions for COVID-19 treatments may file a complaint with the Wyoming Board of Medicine.</p> <p>FDA has issued an Emergency Use Authorization (EUA) to allow hydroxychloroquine and chloroquine products donated to the Strategic National Stockpile (SNS) to be distributed and used for certain hospitalized patients with COVID-19. Hydroxychloroquine and chloroquine products distributed from the SNS are only authorized to be used under the following conditions:</p> <ul style="list-style-type: none"> • The hydroxychloroquine/ chloroquine must be administered by a healthcare provider pursuant to a valid prescription of a licensed practitioner. • The hydroxychloroquine/ chloroquine may only be used to treat adult and adolescent patients who weigh 50 kg or more hospitalized with COVID-19 for whom a clinical trial is not available, or participation is not feasible. However, these medications are not FDA approved for treatment prophylaxis of COVID-19. Pharmacists should carefully evaluate prescriptions for these medications to help prevent shortages. <p>https://drive.google.com/file/d/1fM11G1x_9O1qAKBSpOGtpdaw01ZMtwVr/view</p>
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Other information	
American Association of Poison Control Centers	<p>American Association of Poison Control Centers on Hydroxychloroquine Side Effects March 25, 2020</p> <p>Hydroxychloroquine and its associated drug, chloroquine, have a variety of well-known adverse side effects. If it is being used in the context of treating the coronavirus, the short duration of therapy will likely avoid many of those. Nevertheless, it’s important to consider certain factors and remind your physician of any underlying illnesses. Additionally, non-pharmaceutical formulations of chloroquine or prescription</p>

	<p>chloroquine/hydroxychloroquine taken outside of medical supervision can be especially dangerous.</p> <p>Genetic predisposition: Individuals who have inherited G6PD deficiency may have a serious reaction to hydroxychloroquine. It should be used with extreme caution in people with prolonged QT syndrome or who are on medications for heart rhythm problems as the addition of chloroquine/hydroxychloroquine can increase the risk for fatal dysrhythmia. Azithromycin, which has been suggested by some to be used in combination with hydroxychloroquine for the treatment of COVID, may also cause prolonged QT syndrome increasing the risks of this problem.</p> <p>Adverse effects for the general population: Some patients taking hydroxychloroquine may experience nausea, vomiting and/or diarrhea. They may also experience headache and dizziness. Irritability, tremor and even changes in mood have been reported. Most of the symptoms will resolve when the drug is discontinued. However, symptoms of adverse drug effects may be difficult to differentiate from symptoms of the virus itself.</p> <p>Hydroxychloroquine may interfere with drugs used for the treatment of diabetes and produce a drop in blood sugar causing symptoms. People with type I or type II diabetes should be aware of this possibility.</p> <p>As with any drug, allergic reactions may occur. These medications have a narrow therapeutic window meaning that accidental ingestion of amounts that exceed recommended dosing can be extremely dangerous with toxicity including coma, seizures, cardiac dysrhythmias, low potassium levels, cardiac arrest and death. Even a single pill can be potentially life threatening to a child.</p> <p>While chloroquine/hydroxychloroquine has demonstrated benefits for multiple chronic autoimmune and rheumatologic diseases, the benefit for treatment of COVID-19 has not been definitively established. It is critical that any use of these medications is coordinated with a treating physician with full understanding of the potential risks and benefits.</p> <p>If you have questions about or feel you are having an adverse reaction to hydroxychloroquine, chloroquine, or any other medication, please contact your regional poison control center at 1-800-222-1222 for advice.</p>
<p>NABP-FSMB</p>	<p>Joint Statement of FSMB and NABP on Inappropriate Prescribing and Dispensing of Medications During the COVID-19 Pandemic</p> <p>http://www.fsmb.org/siteassets/advocacy/pdf/fsmb-nabp-joint-statement-covid-19-prescribing-fsmb-edits.pdf (issued sometime after March 28)</p>