

CLARIFICATIONS, April 2, 2020

DIRECTIVES FROM THE SPECIAL CALLED BOARD MEETING MARCH 25, 2020

PRESCRIPTIONS FOR CHLOROQUINE, HYDROXYCHLOROQUINE, MEFLOQUINE, OR AZITHROMYCIN

This document is to provide some clarification to the Directives from the Special Called Board Meeting on March 25, 2020, specifically around the dispensing of prescriptions for chloroquine, hydroxychloroquine, mefloquine, or azithromycin.

The Directives were issued to provide guidance to pharmacists during the declared State of Emergency for the COVID-19 pandemic. The Directives do not replace a pharmacist's professional judgement.

Many of these drugs are in short supply. The Directives are to be used as a guide to help allocate the drug stock. It is not the intent of the Board of Pharmacy to hinder the appropriate use of these drugs for patients, but rather to prevent the hoarding and stockpiling of these drugs.

The Board wants to ensure that all patients requiring therapy with these drugs have access to them. This includes patients previously being treated with these drugs for disease states such as, but not limited to, rheumatoid arthritis, lupus, and cystic fibrosis. It may also include patients with a positive COVID-19 diagnosis, persons under investigation (PUI) for COVID-19, and for post exposure prophylaxis (PEP) of COVID-19 of high risk individuals. **Proof of a positive test is not required.** The Directive does not replace the pharmacist's professional judgement when determining whether or not to dispense the prescription.

FREQUENTLY ASKED QUESTIONS:

- 1. If a patient was previously established on one of these drugs for a non-COVID-19 therapy, and there are refills remaining on a prescription, are the refills void and does the pharmacist have to obtain a new prescription as of March 25, 2020, for these patients?**

A: No. A pharmacist may continue to refill prescriptions for these drugs for patients previously established on the drug therapy for non-COVID-19 treatment as long as a diagnosis is obtained.

- 2. Are prescribers allowed to verbally authorize prescriptions for chloroquine, hydroxychloroquine, mefloquine, and azithromycin since the diagnosis will not be written on the prescription by the prescriber?**

A: Yes. Prescribers may verbally authorize these prescriptions, however, the pharmacist will need to obtain the diagnosis and document it on the verbally authorized prescription.

The Board Directive does not state the diagnosis must be written on the prescription by the prescriber.

- 3. Are pharmacists allowed to verbally obtain the diagnosis for prescriptions for chloroquine, hydroxychloroquine, mefloquine, and azithromycin on e-prescribed prescriptions or hand written prescriptions if the diagnosis is not written on it by the prescriber?**

A: Yes. The pharmacist may verbally obtain the diagnosis for these prescriptions and document on the prescription. The Board Directive does not state the diagnosis must be written on the prescription by the prescriber.

- 4. What if the prescriber is unavailable and the pharmacist is unable to obtain a diagnosis?**

A: The pharmacist should exercise professional judgement to determine if the prescription is for a legitimate use and not for hoarding or stockpiling. It may be possible to obtain information from the patient. The pharmacist should evaluate the prescription for quantity, patient-prescriber relationship, refills authorized, and specialty of prescriber, among other factors.

- 5. What is meant by “a diagnosis . . . consistent with evidence for use”? Does this mean only FDA-approved indications?**

May the prescription be dispensed if the diagnosis is for a patient who is positive COVID-19?

May the prescription be dispensed if the diagnosis is for a person under investigation (PUI) for COVID-19?

May the prescription be dispensed if the diagnosis is for post exposure prophylaxis (PEP) for COVID-19, such as physicians and nurses working in an ICU or Emergency Department, or a person living with a COVID-19 positive patient?

A: This does not mean FDA-approved indications only. Many drugs are prescribed for off-label use.

During this time, information is fluid and changing on a daily, if not hourly, basis. The studies and guidance from many sources, including FDA and CDC, are constantly being updated.

FDA has issued an Emergency Use Authorization (EUA) for the unapproved use of hydroxychloroquine from the Strategic National Stockpile to treat hospitalized COVID-

19 patients. ([FDA Fact Sheet EUA](#)) This may lead to patients being discharged on hydroxychloroquine.

The CDC has issued guidance on therapeutic options for COVID-19 patients ([CDC Guidance on Therapeutic Options for COVID-19 Patients](#)).

As always, pharmacists must exercise professional judgement in determining the validity of a prescription, including prescribing for an FDA-approved indication or an off-label use.

6. What are some indications of possible inappropriate prescribing?

A: 1. Medication hoarding/stockpiling.

a. Prescriptions written for excessive amounts.

b. Prescriptions written for extended durations of therapy not consistent with the diagnosis provided.

2. Prescriptions written for people who did not have a valid patient-prescriber relationship.

a. Family and friends of healthcare providers.

3. Prescriptions written by practitioners whose specialties or practice setting is not indicative of treating COVID-19 patients, i.e. dentist, ophthalmologist, podiatrist.