

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.

[American Association of Poison Control Centers on Hydroxychloroquine Side Effects](#) (also see below)

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](#).

[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.

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. 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>2. 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</p>

	<p>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).</p> <p>Click here to file an online complaint: https://www.idfpr.com/Admin/DPR/Complaint.asp</p>
<p>3. 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. • 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.

	<ul style="list-style-type: none"> • 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>4. 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 admitted to hospitals with COVID-19 infections and individual patient</p>

	<p>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>5. 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. • 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>6. 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</p>

	<p>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.</p> <p>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>7. 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.</p> <p>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>8. 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>9. 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>10. 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, 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>11. 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</p> <p>(To last for the period of the state emergency)</p>
<p>12. North Carolina Board of Pharmacy</p>	<p><i>SUNDAY, MARCH 22, 2020</i></p> <p>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</u></p>

	<p><u>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.</u> 21 NCAC 46.1801.</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>13. 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>14. 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>15. Rhode Island</p>	<p>Emergency Regulation: Off label prescribing of medications for COVID-19 216-RICR-20-20-6</p>

TITLE 216 – DEPARTMENT OF HEALTH**CHAPTER 20 - COMMUNITY HEALTH****SUBCHAPTER 20 - DRUGS****PART 6 – OFF LABEL PRESCRIBING OF MEDICATIONS FOR COVID-19**

March 22, 2020

x.1 Authority

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.

x. 2 Definitions

A. Wherever used in this Part, the terms listed below shall be construed in the following manner:

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.

x.3 Off-label prescribing of medications for treatment or prevention of COVID-19

- 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.**
- B. Any practitioner who chooses to prescribe an FDA-approved medication for the off-label purpose of treating COVID-19 shall:
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:
 - 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.
 - b. Applicable FDA guidance justifying the clinical decision for the off-label prescribing, in the event that the FDA publishes such guidance.
- 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>16. 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>17. Texas Board of Pharmacy</p>	<p>https://www.pharmacy.texas.gov/files_pdf/291.30.pdf</p> <p>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</p>

	<p>13 (c) no refills may be permitted unless a new prescription or medication order is furnished.</p>
<p>18. 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 style="text-align: center;">Other information</p>	
<p>American Association of Poison Control Centers</p>	<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 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</p>

	<p>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. 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>