Prescription Therapy for COVID-19 Patients

On 3/25/2020, the Oregon Board of Pharmacy adopted a temporary emergency rule that prohibits the dispensing of chloroquine and hydroxychloroquine (CQ/HCQ) for presumptive treatment or prevention of COVID-19 infection to preserve supplies for treatment of inflammatory conditions, malaria, and documented COVID-19 infection in hospitalized patients. There are no data currently available to justify the use of chloroquine or hydroxychloroquine for prevention or treatment of sub-critical COVID-19 infection; additionally there are no data currently available on the use, dosing, or duration of these medication for COVID-19 infection. Use of these agents for the presumptive treatment or prevention of COVID-19 infection threatens the supply for patients who depend on its availability.

UPDATE: On 4/2/2020, this emergency temporary rule was revised to allow CQ/HCQ treatment to patients with a positive test result for or clinical diagnosis of COVID-19 infection, in response to the challenges related to testing capabilities and delayed turnaround testing times faced by Oregon care providers.

Update 4/22/2020: The Board of Pharmacy collaborated with a number of state agencies to develop the temporary rule on Prescriptions for Chloroquine and Hydroxychloroquine during COVID-19 Public Health Emergency. The temporary rule will be in place to protect patients who rely on the availability of these medications for chronic medical conditions during the declared public health emergency or until it is modified or rescinded. On April 21, the National Institutes of Health (NIH) released COVID-19 Treatment Guidelines. These guidelines will be updated as new information becomes available. The guidelines state “At present, no drug has been proven to be safe and effective for treating COVID-19. There are no Food and Drug Administration (FDA)-approved drugs specifically to treat patients with COVID-19. Although reports have appeared in the medical literature and the lay press claiming successful treatment of patients with COVID-19 with a variety of agents, definitive clinical trial data are needed to identify optimal treatments for this disease.” Further, the guideline advises, “Except in the context of a clinical trial, the COVID-19 Treatment Guidelines Panel (the Panel) recommends against the use of the following drugs for the treatment of COVID-19: The combination of hydroxychloroquine plus azithromycin (AIII) because of the potential for toxicities.”

Update 4/24/2020: FDA issued a safety announcement, cautioning against use of hydroxychloroquine or chloroquine for COVID-19 outside of the hospital setting or a clinical trial due to risk of heart rhythm problems.

We will continue to monitor federal guidelines and results of clinical trials to determine the role of therapeutic agents in the prevention and treatment of COVID-19. We will continue to monitor emerging evidence, availability of testing, and will work with the Oregon Health Authority and the Oregon Medical Board to modify or rescind the rule as appropriate.
INQUIRY | RESPONSE
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If patient’s CQ/HCQ therapy is initiated in the hospital, can the patient complete the therapy when they leave the hospital? | Yes. Medication therapy started in the hospital may continue to treatment completion at discharge.
Can CQ/HCQ therapy be given to a non-hospitalized patient? | No. Clinical evidence does not support this type of prescribing. The only* setting permitted by rule is in a hospital.
Can a COVID-19 positive, seriously ill patient in a non-hospital institutional setting receive CQ/HCQ therapy? | Yes. The intent of this rule is to reserve medication for seriously ill patients who have tested positive for COVID-19.
Is there an exemption available? | No. The rule does not have an exemption/waiver clause.
Does this apply to drugs dispensed pursuant to an official Investigational Drug Study? | No. This rule does not apply to CQ/HCQ prescriptions of patients enrolled in a clinical trial.

*Exception: For a clinically diagnosed or COVID-19 positive, seriously ill patient in an institutional setting, such as Correctional Facilities and Long-Term Care Facilities, who would otherwise be hospitalized may receive CQ/HCQ therapy.