

SITUATION

Hydroxychloroquine (PLAQUENIL) has been suggested as a potential treatment for COVID-19. At this time, clinical evidence does not support its routine use for this purpose. There is risk that inappropriate use for COVID-19 will deplete supply and disadvantage patients using this agent for the evidence-based management of various chronic conditions. The Infection Management Advisory Committee is proposing a temporary restriction on hydroxychloroquine tablets.

BACKGROUND

Due to the recent COVID-19 pandemic, the role of hydroxychloroquine as treatment has been questioned. The Infection Management Advisory Committee (IMAC), along with experts in BC, the World Health Organization (WHO) and the Centre for Disease Control (CDC) have all stated that there is currently insufficient evidence for hydroxychloroquine for the treatment of COVID-19. Despite this guidance, the drug may be inappropriately prescribed due to widespread misinformation. As the supply chain for hydroxychloroquine is fragile and the risk of depleting stock for vulnerable patients who take hydroxychloroquine for evidence-based reasons like lupus or rheumatoid arthritis, further measures to optimize its use are likely necessary.

ASSESSMENT

Formulary Restrictions

Hydroxychloroquine is an unrestricted formulary drug in BC.. However, each health authority can place overlying restrictions on any formulary medication on a case-by-case basis. The following facts are informing the proposed restriction of hydroxychloroquine:

- At this time, there are approximately 2000 tablets of hydroxychloroquine in stock at Island Health facilities.
- This supply level is intended to serve patients who take hydroxychloroquine on a regular basis for conditions such as rheumatoid arthritis or lupus.
- The attempt to procure more supply has not been successful.
- There is evidence that hydroxychloroquine is being prescribed for COVID-19 in our communities and Island Health facilities.
- There is no data to support the use of hydroxychloroquine for the treatment of COVID-19 at this time.

- Data is changing rapidly and IMAC appreciates that there may be some patients with COVID-19 for whom hydroxychloroquine becomes justifiable in the future. However, this decision should be made by those in the field of infection management.
- Indiscriminate prescribing is likely to deplete the current stock of hydroxychloroquine, which would divert it from evidence-based indications and put vulnerable patients at risk of disease flare-up.

IMAC is proposing a temporary restriction on hydroxychloroquine. We propose that NEW orders for SHORT-COURSES of hydroxychloroquine or those specifically written for patients with diagnosed or presumptive COVID-19 be restricted "for use by or in consultation with an Infectious Diseases Specialist or Medical Microbiologist". This restriction would be operationalized similarly to the standard prescriber-based restrictions with a few additional steps:

- 1. Hydroxychloroquine order is written and sent to pharmacy
- 2. Pharmacy staff review PharmaNet to ascertain whether the patient is on hydroxychloroquine for the management of a chronic condition if so, order is processed
- 3. If the order is written by an Infectious Disease physician or contains a reference to a consultation with an ID physician or medical microbiologist, it is processed
- 4. If necessary, Pharmacy will call a non-ID prescriber to confirm that an order for hydroxychloroquine is supported by ID/Med Micro or is for the appropriate management of a chronic condition.

The need for the restriction will be evaluated weekly and amended based on emerging evidence for hydroxychloroquine in the treatment of COVID-19, drug supply and prescribing patterns.

If the BCHA P&T approves other restrictions for hydroxychloroquine, they will supersede any IMAC-proposed prescriber-based restrictions.

RECOMMENDATION

THAT hydroxychloroquine oral tablets be temporarily restricted in Island Health to continuance of maintenance therapy for chronic conditions (e.g. for rheumatoid arthritis). Any other use must be approved by or in consultation with an Infectious Diseases Specialist or a Medical Microbiologist.

The need for this restriction will be evaluated weekly.

SIGNATURES

27 Mar 2020 Richard Jones, Director of Pharmacy Services Date Island Health, TSSQC co-Chair lloon P 2 30 Mar 2020 Dr. Dean Kolodziejczyk, Medical Director Date Pharmacy Services, Island Health, TSSQC co-Chair Digital/Verbal agreement given, witnessed by Richard Jones 27 Mar 2020 Dr. Mary-Lyn Fyfe, Physician Lead Medication Safety Date Island Health, TSSQC co-Chair

REFERENCES

1. COVID-19 Therapy Guideline. Prepared for by Jolanta Piszczek on behalf of the Infection Management Advisory Committee. March 20, 2020. Accessible at https://intranet.viha.ca/departments/pharmacy/Pages/covid19.aspx