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South Carolina  
 Department of Labor, Licensing and Regulation

Board of Medical Examiners Board of Pharmacy



Henry D. McMaster  
 Governor

Emily H. Farr  
 Director

**JOINT GUIDANCE REGARDING PRESCRIBING AND DISPENSING OF  
 HYDROXYCHLOROQUINE, CHLOROQUINE, AND AZITHROMYCIN**

**WHEREAS**, South Carolina is currently in a declared public health state of emergency due to the evolving nature and scope of the public health threat or other risks posed by COVID-19 and the actual and anticipated impacts associated with the same;

**WHEREAS**, there have been early reports that Hydroxychloroquine or Chloroquine and Azithromycin have produced positive results in the treatment of some patients diagnosed with COVID-19 infections. These reports have been based on the treatment of a very small sample of patients, and additional research is ongoing;

**WHEREAS**, there are no FDA-approved or clinically proven therapies for treatment of COVID-19 infections. At present, the FDA has not approved use of chloroquine and hydroxychloroquine for COVID-19 prophylaxis;

**WHEREAS**, Hydroxychloroquine is indicated for patients with certain conditions (e.g., lupus and rheumatoid arthritis), and many South Carolina patients rely on this medication to treat these conditions. Additionally, Azithromycin is one of the most commonly prescribed antibiotics;

**WHEREAS**, the reports described above have led prescribers to issue prescriptions for Hydroxychloroquine, Chloroquine, and Azithromycin in such numbers that it has caused shortages of these drugs. The drugs are currently on backorder with many major distributors and are not expected to be available for order by retail pharmacies until mid-April, at the earliest. Additionally, representatives from numerous South Carolina hospitals have expressed concern regarding the availability of these drugs for their hospitals;

**WHEREAS**, medication side effects, drug interactions, contraindications, and laboratory monitoring requirements should also be considered when prescribing these medications. Meeting those monitoring needs for patients could be limited in a community setting at the moment;

**WHEREAS**, to the extent that Hydroxychloroquine, Chloroquine, and Azithromycin are effective in the treatment of COVID-19, their usage for treatment of COVID-19 should be

restricted to patients with an actual diagnosis of a COVID-19 infection—preferably such a patient who has been admitted to a hospital where the treatment can be appropriately monitored;

**WHEREAS**, S.C. Code Ann. § 40-47-113(A) provides:

(A) It is unprofessional conduct for a licensee initially to prescribe drugs to an individual without first establishing a proper physician-patient relationship. A proper relationship, at a minimum, requires that the licensee make an informed medical judgment based on the circumstances of the situation and on the licensee's training and experience and that the licensee:

(1) personally perform and document an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan;

(2) discuss with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment options; and

(3) ensure the availability of the licensee or coverage for the patient for appropriate follow-up care;

**WHEREAS**, the Board of Medical Examiners has previously opined that a physician generally cannot establish an appropriate physician-patient relationship with him/herself or with members of his/her family due to the physician's loss of objectivity in treating these individuals; The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice; and

**WHEREAS**, pharmacists have the right to refuse to fill or refill a prescription. *See* S.C. Code Ann. § 40-43-86(E)(6);

**NOW, THEREFORE**, the Boards of Medical Examiners and Pharmacy jointly issue the following guidance regarding prescribing and dispensing Of Hydroxychloroquine, Chloroquine, and Azithromycin:

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

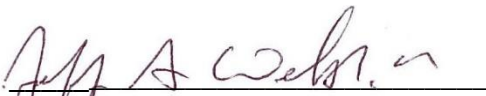
drugs, even in an hospital setting, should they be determined to be effective in treating the condition.

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.

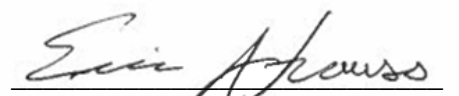
The guidance set forth above shall remain in effect until further Order of the Boards of Medical Examiners and Pharmacy.

**IT IS SO ORDERED.**

**STATE BOARD OF MEDICAL EXAMINERS**

  
**Jeff A. Welsh, M.D.**  
**President of the Board**

**STATE BOARD OF PHARMACY**

  
**Eric J. Strauss, Pharm.D., R.Ph.**  
**Board Chair**

**March 25, 2020**