

Subject: COVID-19: Use of Chloroquine, Hydroxychloroquine, and Azithromycin

The therapeutic management of COVID-19 (a type of coronavirus) currently involves supportive care of symptoms and prevention of transmission. There are no U.S. Food and Drug Administration (FDA)-approved drugs for the treatment of COVID-19 at this time. However, hydroxychloroquine and chloroquine are being investigated in several clinical trials for the management of COVID-19.

Hydroxychloroquine, which was approved for use in 1955, is indicated for the treatment of malaria, rheumatoid arthritis, and Lupus. The FDA approved chloroquine in 1949 for the treatment of malaria. Both medications have been shown to have an effect against several different types of corona viruses. Both hydroxychloroquine and chloroquine have known side effect profiles and are reported to be well-tolerated in patients with COVID-19. However, both medications have a risk of cardiac toxicity called QT prolongation which disrupts heart rhythm. The risk is higher with long-term use in patients with liver or kidney problems and patients with a suppressed immune system.

Azithromycin is an antibiotic also known as a Z-PAK that is commonly used for bacterial exacerbations of COPD, sinusitis, otitis media, pneumonia, and pharyngitis/tonsillitis. One small study evaluating the use of hydroxychloroquine in combination with azithromycin showed a reduced level of coronavirus in lung secretions. Both hydroxychloroquine and azithromycin can cause QT prolongation; therefore, the coadministration of these medications should be used with caution in patients with liver or kidney disease. In addition, use caution when taking with other medications known to cause heart rhythm abnormalities.

There are no current guidelines for the dosing of hydroxychloroquine and chloroquine for the treatment of COVID-19. These medications should be reserved for the most urgent cases under strict medical supervision.

If you have any questions or concerns about why this drug is being prescribed for your injured worker and whether it is related to the work injury, please either contact us at Ask The Pharmacist (askthepharmacist@cvty.us.com) or seek other available clinical resources for further research.