NEBRASKA RHEUMATOLOGY SOCIETY

1045 Lincoln Mall • Suite 200 •Lincoln, Nebraska 68508

Governor Pete Ricketts
1445 K Street
P.O. Box 94848
Lincoln, NE 68509

Dear Governor Ricketts,

The Nebraska Rheumatology Society writes to you today in representation of patients and physicians who have extensive experience with the antimalarials, hydroxychloroquine and chloroquine, which are under investigation as potential treatments for COVID-19. Both medications have been used successfully to treat lupus and rheumatoid arthritis for decades. As physicians who consistently use these medications to treat patients with rheumatic disease, we are concerned that increased demand for these drugs attributed to COVID-19 has exacerbated their already limited availability for patients who rely on them to meet their routine medical needs. Therefore, we urge you to work with us and the broader health care community to help ensure continued availability of these drugs for the patients who are maintained on them to avoid disability, illness and even early death.

Tens of thousands of Americans are currently prescribed hydroxychloroquine and chloroquine for lupus and rheumatoid arthritis, particularly when a patient's symptoms do not respond to other treatments. In fact, lupus, rheumatoid arthritis, and malaria are the only indications for which these drugs are approved by the Food and Drug Administration (FDA). In many cases, there are no alternatives to hydroxychloroquine or chloroquine. For patients with lupus, hydroxychloroquine is the only medication shown to increase survival. Hydroxychloroquine is the cornerstone of therapy, used in most patients unless a contraindication exists. Already today, many of our patients are not able to fill their prescriptions, due to major shortages of hydroxychloroquine, with validated reports across the county of pharmacies having depleted their supplies and half of the drugs' manufacturer reporting backorders.

At this time, there is limited data that supports the efficacy of hydroxychloroquine and chloroquine as a treatment for COVID-19. While we support rigorous clinical trials to investigate their potential use for COVID-19, it is imperative to preserve access to these medications for those patients whose lives, productivity, and quality of life depend on them.

Specifically, we urge you to:

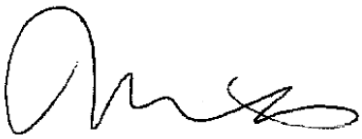
- Ensure sufficient supplies for the people who take these drugs for the indicated uses by implementing restrictions to minimize unnecessary prescribing or stockpiling of hydroxychloroquine and chloroquine solely for use in COVID-19;
- Work with the state pharmacies and take action to ensure that no prescription for chloroquine or hydroxychloroquine may be dispensed by a pharmacist or sold at retail by a licensed terminal distributor of dangerous unless all the following apply:
    - The prescription bears a written diagnosis code from the prescriber; and
    - 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.
        - The prescription is limited to no more than a fourteen-day supply; and
        - No refills may be permitted unless a new prescription is provided.
- Work with state pharmacies and take action to ensure that prescriptions for either presumptive positive patients or prophylactic use of chloroquine or hydroxychloroquine related to COVID-19 is strictly prohibited.

- Communicate to the public, healthcare professionals, and other stakeholders accurate and up-to-date information about these drugs, their critical role in treatment for the current indications and the status of their use for COVID-19, including clinical trials underway and what is known or not known about the safety and efficacy of these drugs in COVID-19;
- Work with insurance companies and managed care organizations in order to provide patients who take these medications for indicated uses ongoing access to refills of a 90-day supply of these medications to prepare them for emergency in case of sudden shortage and establish policies to assist patients with cost-sharing related to emergency supplies;
- Limit prior authorization and utilization management practices that my delay access to these medications for those for whom the medications are indicated.

We recognize the urgent global need to find treatments for COVID-19 and to minimize the spread of the virus. Our organization shares these priorities. At the same time, we are committed to the health of the patients we serve, which includes making sure that they have timely access to the medications and care upon which they have relied for decades. We stand ready to work with you and other stakeholders in this effort.

Thank you for your consideration of our concerns during this time. If you have any questions, please feel free contact the Nebraska Rheumatology Society President, Dr. Marcus Snow.

Sincerely,



Marcus Snow, MD
President
Nebraska Rheumatology Society
marcushsnow@gmail.com
(402) 871-8091

cc: Lauren Kintner, Policy Research Director, Office of the Governor
Gary Anthone, Director, Division of Public Health
Marcia Mueting, Vice President of Professional Affairs, Nebraska Pharmacists Association
Joni Cover, Chief Executive Officer, Nebraska Pharmacists Association
Amy Reynoldson, Executive Vice President, Nebraska Medical Association
Melissa Ficke, Policy Advisor, Office of the Governor