

Key Facts About Commercially Available Medications Being Studied for COVID-19

Medication linked to FDA labeling	FDA-approved Indications	Contraindications, Precautions, & Counseling Points
Chloroquine Phosphate	Suppressive treatment and for acute attacks of malaria due to <i>P. vivax, P. malariae, P. ovale,</i> and susceptible strains of <i>P. falciparum.</i>	Contraindicated: In the presence of retinal or visual field changes, and in patients with known hypersensitivity to 4 aminoquinoline compounds. However, the prescriber may elect to use this drug after carefully weighing the possible benefits and risks to the patient for acute attacks. Precautions: Use with caution in patients with preexisting auditory damage. Discontinue if patient experiences defect in hearing. May cause hemolysis in patients with glucose-6 phosphate dehydrogenase (G6PD) deficiency. Drug concentrates in the liver. Use with caution in hepatic disease or alcoholism. May provoke seizures in patients with history of epilepsy. Prolonged therapy requires periodic CBCs to monitor for rare hematologic reactions. Do not use in pregnant or nursing mothers. Counseling Points: Antacids can reduce absorption; space use by at least 4 hours. Avoid cimetidine when taking. Ask about impaired renal function before to dispensing. Fish-tank cleaner containing chloroquine should not be ingested by humans under any circumstances.
Hydroxychloroquine	Treatment of (adults): Acute and chronic rheumatoid arthritis Chronic discoid lupus erythematosus Systemic lupus erythematosus Uncomplicated malaria due to P. falciparum, P. malariae, P. ovale, and P. vivax Prophylaxis of malaria in geographic areas where chloroquine resistance is not reported	Contraindicated: In patients with known hypersensitivity to 4-aminoquinoline compounds. Precautions: Has been shown to cause severe hypoglycemia that could be life threatening in patients treated with medications for the treatment of diabetes. Irreversible retinal damage has been observed; risk factors include daily doses greater than 6.5 mg/kg of actual body weight, use >5 years, subnormal glomerular filtration, use of some concomitant drug products such as tamoxifen, and concurrent macular disease. Reduction in dosage may be necessary in patients with hepatic or renal disease, alcoholism, and drugs that impact hepatic or renal function. Clinical monitoring for signs and symptoms of cardiomyopathy is advised. Use with caution when administered with other drugs that can prolong the QT interval. May precipitate a severe attack of psoriasis in patients with psoriasis. Dermatologic reactions may occur; use care when administered to any patient receiving a drug with a significant tendency to produce dermatitis. Use caution in pregnancy and nursing mothers. Suicidal behavior has been rarely reported. Counseling Points: Take with food or milk. Warn patients about the risk of hypoglycemia and the associated clinical signs and symptoms; a decrease in dose of insulin or the medications used to treat diabetes may be required. Notify prescriber or pharmacist immediately if you experience a rash or changes in vision.



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Azithromycin	Treatment of patients with mild to moderate infections caused by susceptible strains of the designated microorganisms in the conditions listed in the package insert.	Contraindicated: In patients with known hypersensitivity to azithromycin, erythromycin, any macrolide or ketolide antibiotic; in patients with a history of cholestatic jaundice/hepatic dysfunction associated with prior use of azithromycin. Precautions: Exercise caution when administered to patients with impaired hepatic function. While generally low risk, azithromycin may result in prolonged QT interval, especially when used in conjunction with other medications that can result in prolonged QT interval (e.g. hydroxychloroquine, amiodorone, sotolol, dofetilide). Pregnancy: Available data from published literature and postmarketing experience over several decades with azithromycin use in pregnant women have not identified any drug-associated risks for major birth defects, miscarriage, or adverse maternal or fetal outcomes. Refer to specific product approved package labeling for more information. Counseling Points: Take with or without food.
		Do not take with aluminum or magnesium-containing antacids.
Lopinavir and Ritonavir (LPV/RTV; Kaletra*)	HIV-1 protease inhibitor indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in adults and pediatric patients (14 days and older). Lopinavir is a HIV-1 protease inhibitor formulated in combination with ritonavir a CYP-3A4 inhibitor that may be used in combination with other antiretroviral agents for the treatment of HIV-1 infection in adults and pediatric patients 14 days and older.	 Contraindicated: In hypersensitivity to lopinavir/ritonavir (e.g., toxic epidermal necrolysis, Stevens-Johnson syndrome, erythema multiforme, urticaria, angioedema). Co-administration with drugs highly dependent on CYP3A for clearance. Precautions: Pancreatitis: Fatalities have occurred; suspend therapy as clinically appropriate. Hepatotoxicity: Fatalities have occurred. Monitor liver function before and during therapy, especially in patients with underlying hepatic disease. Avoid use in patients with conditions or medications that prolong the QT or PR intervals. Patients may develop new onset or exacerbations of diabetes mellitus, hyperglycemia, immune reconstitution syndrome, redistribution/accumulation of body fat. Counseling Points: Common side effects: diarrhea, nausea, vomiting, hypertriglyceridemia and hypercholesterolemia. Breastfeeding not recommended.

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