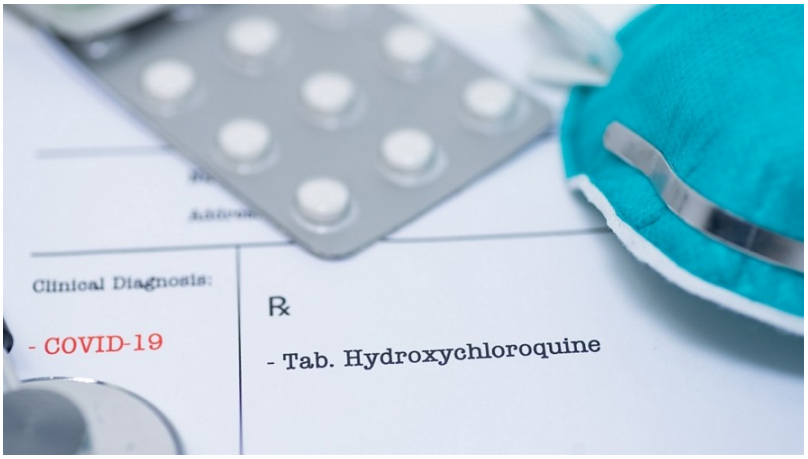
Written by **Raven Clabough** on July 31, 2020

Ohio Pharmacy Board Reverses Ban on Hydroxychloroquine



The Ohio Board of Pharmacy was compelled to reverse its unwarranted rule prohibiting the sale and dispensing of hydroxychloroquine in the state after Governor Mike DeWine (R) intervened.

"I agree with the statement from Dr. Steven Hahn, Commissioner of the Food and Drug Administration, that the decision about prescribing hydroxychloroquine to treat COVID-19 should be between a doctor and a patient," DeWine said in a statement. "Therefore, I am asking the Ohio Board of Pharmacy to halt their new rule prohibiting the selling or dispensing of hydroxychloroquine or chloroquine for the treatment or prevention of COVID-19."

DeWine stated the rule should be revisited and influenced by the "best medical science" and should be open to "comment and testimony from experts."

Shortly after DeWine's request, the board released a statement announcing it would overturn its rule.

"As a result of the feedback received by the medical and patient community and at the request of Governor DeWine, the State of Ohio Board of Pharmacy has withdrawn proposed rule 4729:5-5-21 of the Administrative Code," a release said. "Therefore, prohibitions on the prescribing of chloroquine and hydroxychloroquine in Ohio for the treatment of COVID-19 will not take effect at this time."

Hydroxychloroquine, an antimalarial medication used to treat malaria, lupus, and rheumatoid arthritis, has been considered a controversial treatment for COVID-19 since President Trump first began touting its benefits as early as March. But some physicians have reported significant success in the treatment of their COVID patients with the medication.

Appearing at a press conference in Washington, D.C., on July 28, a group of physicians with America's Frontline Doctors shared their views on the coronavirus and the medical response. They claimed to have found success in treating patients with hydroxychloroquine, zinc, and Zithromax.

Predictably, the mainstream media immediately moved to discredit the group of physicians, and social-media platforms even went out of their way to scrub their sites of the video of the press conference.

But a study published earlier this month by officials with the Henry Ford Health System found a "significant" decrease in the death rate of patients being treated for COVID-29.

Detroit News reported,

> The study analyzed 2,541 patients hospitalized among the system's six hospitals between March 10 and May 2 and found 13% of those treated with hydroxychloroquine died while 26% of those who

> did not receive the drug died.
>
> Among all patients in the study, there was an overall in-hospital mortality rate of 18%, and many who died had underlying conditions that put them at greater risk, according to Henry Ford Health System. Globally, the mortality rate for hospitalized patients is between 10% and 30%, and it's 58% among those in the intensive care unit or on a ventilator.

As far back as 2005, laboratory studies by the National Institutes of Health revealed antiviral effects of hydroxychloroquine against SARS-CoV-1 to stop the infection at the earliest stage.

A number of other studies have claimed hydroxychloroquine to be ineffective, but researchers have found that early treatment with the medication rather than later treatment is what makes the difference.

Dr. Elizabeth Lee Vliet, M.D., noted that physicians with Henry Ford Hospital have filed an urgent request to FDA Commissioner Dr. Stephen Hahn for new outpatient Emergency Use Authorization for FDA approval of hydroxychloroquine to be used in early treatment of COVID-19. The claims made in that application were concurred by the Baylor Scott & White Heart and Vascular Institute in a letter of support, which stated that early courses of hydroxychoroquine were effective in the treatment of COVID-19:

> At the time of this writing, there are >200 clinical trials registered on clinicaltrials.gov utilizing these agents in COVID-19. The currently completed retrospective studied and randomized trials have generally shown these findings: 1) when started late in the hospital course and for short durations of time, antimalarials appear to be ineffective, 2) when started earlier in the hospital course, for progressively longer durations and in outpatients, antimalarials may reduce the progression of disease, prevent hospitalization, and are associated with reduced mortality.

As noted by Dr. Vliet, unlike the new drug Remdesivir, which received an immediate use authorization for COVID-19 treatment despite concerns about side effects, hydroxychloroquine is already an FDA-approved drug.

Yet, so-called health experts have spoken out against the use of hydroxychloroquine while simultaneously promising an upcoming vaccine, which they recommend for all Americans. But the rush for a COVID-19 vaccine has created its own set of ethical and health concerns. The Hastings Center writes,

> One issue of concern is that the U.S. Food and Drug Administration (FDA) gave the National Institutes of Allergy and Infectious Diseases permission to test the experimental vaccine mRNA-1273 in healthy research participants even though there is no safety data about the vaccine from preclinical animal studies. Vaccine trials typically are initiated in human studies only after data from animal studies provide evidence that the vaccinated animals did not experience serious side effects and that they developed immunity to the disease in question. The FDA is requiring animal studies with the mRNA-1273 vaccine to be conducted at the same time as the phase I human trials with healthy volunteers, but there is no publicly available information about what parallel animal vaccine trials are in progress or about who is conducting those studies. Moreover, since the consent form for the phase I vaccine trial is not publicly available, it is unclear what healthy individuals were told about the potential risks of receiving doses of the mRNA-1273 vaccine and from what sources such risk information was obtained. Did they know, for example, that any information about risks did not come from testing the vaccine in animals?

It seems worth mentioning that the cost of hydroxychloroquine could be anywhere from $1 to $29 a course, according to the Journal of Virus Eradication, while the cost of a vaccine would be, as dubbed by Kaiser Health News (KHN), "budget breaking."

"If a COVID-19 vaccine yields a price of, say, $500 a course, vaccinating the entire population would bring a company over $150 billion, almost all of it profit," KHN reported. "Investors already smell big money for a COVID-19 vaccine," KHN added.

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Raven Clabough acquired her bachelor's and master's degrees in English at the University of Albany in upstate New York. She currently lives in Pennsylvania and has been a writer for The New American *since 2010.*