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#### Analysis of availability, types, and implementation of teledermatology services during COVID-19



*To the Editor:* Given the rapid increase in teledermatology because of the coronavirus disease 2019 (COVID-19) pandemic, we analyzed variations in teledermatology services across the country between academic and private practices. Three private practices were randomly selected for each state and Washington, DC, from the American Academy of Dermatology member list.<sup>1</sup> Additionally, for each state we selected the academic institution with the greatest number of dermatology residents. Only practices with a website were included.

A total of 153 private practices' websites and linked social media accounts were analyzed on April 22. Use of websites had the advantage over calling in that it allowed us to capture a large sample in a single day. One hundred thirty-three practices had an update regarding changes in practices because of COVID-19. Of those, 86.5% indicated that teledermatology was an option for patients in lieu of an in-person appointment. A total of 42.6% of practices indicated use of live video conferencing, and 48.7% did not specify what platform they would use to conduct the appointment and that patients would need to contact their office for more information. One private practice indicated the use of photographs for the telemedicine visit. A total of 92.2% of private practices did not provide information for patients on their website regarding what conditions would be most appropriate for a telemedicine visit.

Of the 40 academic institutions analyzed, almost all mentioned telemedicine as an option for certain specialties on the main webpage; however, only 60% of dermatology departments specifically mentioned teledermatology services. Of those, 50% used a video platform. Only 1 academic institution mentioned the use of photographs as their platform for the televisit. A total of 20.8% indicated that both video and photograph or an e-visit was available as an option. Twenty-five percent did not specify the type of platform they used. Only 16.6% provided specific public instructions regarding how to take photographs for virtual care such as taking them in a well-lit area, focusing the image, or not using the zoom feature. A total of 95.8% of institutions that offered teledermatology did not provide information indicating what conditions would be appropriate for evaluation through teledermatology.

Most academic and private practices offer teledermatology as an alternative in response to COVID-19. Compared with private practices, academic institutions

provided less specific information on their websites regarding alternative options. However, it is clear that implementation is highly variable. Although many visits may be follow-ups of chronic inflammatory conditions, for accurate diagnoses, high-resolution images are necessary, and still photographs may have a resolution advantage over video alone. Despite that, video, possibly because of reimbursement, was more widely implemented. Still images must be in focus, have multiple viewpoints, and clearly indicate the lesion or area of concern. Unfortunately, we found little previsit guidance. Our study suggests that, if reimbursement drove selection of video visits, it should be systematically compared with photography to evaluate outcomes. Second, this highlights practice gaps (eg, image production) in which American Academy of Dermatology patient guidelines may be useful.

Although our study evaluated early COVID-19 practices, future studies may be valuable in elucidating how teledermatology evolves.

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### **Prescription restrictions on hydroxychloroquine among the largest Florida pharmacy chains during the COVID-19 pandemic: An observational study**



*To the Editor:* Hydroxychloroquine has long been used by dermatologists in the treatment of chronic disease, with use across such broad conditions as connective tissue disease, sarcoidosis, to lichen

planopilaris. The medication has generally enjoyed wide availability at a more affordable cost. Earlier this year, hydroxychloroquine became a household name after political leaders touted the drug's efficacy in the treatment and postexposure prophylaxis of COVID-19. As demand for hydroxychloroquine grew, pharmacies reported shortfalls in supply and began implementing restrictions on dispensation.<sup>1</sup> Our study seeks to characterize these restrictions in Florida-based locations of the nation's most profitable retail pharmacies.

The 6 largest pharmacies with locations in Florida (CVS, Walgreens, Walmart, Humana, Publix, and Costco) and 2 mail-order pharmacy companies (Cigna-Express Scripts and Optum Rx by UnitedHealth) were identified based on total prescription dispensing revenue in 2019.<sup>2</sup> April 2020 policies regarding dispensation limits for new prescriptions of hydroxychloroquine and prescription refills were obtained from online data, where available. Otherwise, dispensation limits were obtained by phone from corporate offices and, when redirected, confirmed with at least 3 local pharmacists at different locations.

Restriction limitations, when applicable, for new hydroxychloroquine prescriptions and prescription refills are summarized in [Table I](#). All pharmacies had strict limitations that prohibited new prescriptions in excess of a 14- or 30-day supply. Three pharmacies also reduced prescriptions for refills to 30-day supplies at a time ([Fig 1](#)). Our study identifies impacts to hydroxychloroquine prescribing practices in Florida's largest markets. It is a limitation of this study that only the largest pharmacy chains in the United States by revenue with locations serving Florida were evaluated.

The increased demand for hydroxychloroquine during the COVID-19 pandemic has resulted in heightened scrutiny of prescriptions. Amid the increasing demand and restrictions, patients with chronic dermatologic and rheumatologic conditions may be at harm; Michaud et al<sup>3</sup> suggest that rheumatology patients have already begun rationing their medication regimens against professional advice because of shortages.<sup>3</sup>

A major concern lies in patients with new diagnoses of inflammatory and autoimmune conditions who require new prescriptions of hydroxychloroquine, now subject to more stringent quantity limits. Currently available data regarding the efficacy of hydroxychloroquine in the treatment of COVID-19 are conflicting,<sup>4,5</sup> and the durability of this new indication for hydroxychloroquine remains to be seen. If current market demand for hydroxychloroquine continues to exceed supply, and large