

Medical Societies Recommendations on Biologic use

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Most of the dermatologic societies recommend the use of biologics until there are signs and symptoms of COVID-19 infection



PsO Best
PsO Net

- HCPs are advised to continue to use IL-17s, IL-23s, IL-12/23s, anti-TNFs, apremilast, fumaric acid esters in their patients with psoriasis
- In case of clinical symptoms of suspected COVID-19 infection, HCPs are advised to postpone the next dose of medication for few weeks



SDF
French society of
Dermatology

- SDF does not recommend the systematic cessation of treatment immunosuppressants and biotherapies, except in case of signs of infection (fever, cough, breathing difficulties, body aches...) and only on medical advice from the doctor



AEDV

- AEDV psoriasis group does not recommended to suspend any effective treatment at the recommended doses in each patient, provided there is no active infection
- In patients where COVID-19 is diagnosed, HCPs are advised to suspend or postpone immunosuppressant drugs including biologics during the period of disease activity



SiDeMaST
Italian Society of
Dermatology

- Patients are advised not to discontinue their therapy on their own. In case of flu symptoms patients should notify their dermatologists



AAD

- HCPs should continue to weigh risk-benefit profile of used biologic medication in patients who are not symptomatic for COVID-19 infection where in patients diagnosed with COVID-19 physicians discontinue or postpone the biologic therapy until the patient recovers from COVID-19 infection



IPC

- IPC recommends physicians discontinue or postpone use of immunosuppressant medications in patients diagnosed with COVID-19 infection



Rheumatology societies advise patients not to stop or reduce their current medication (1/3)

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Spondylitis
Association
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 Deutsche Gesellschaft
für Rheumatologie e.V.
Germany Society of
Rheumatology

- EULAR advise **not to stop or reduce the medication** at this time (unless your physician tells otherwise for a specific reason), for people with Rheumatic disease who are taking immune suppressive medicines like biologic drugs, JAKi, steroids and csDMARDs e.g. methotrexate.
- **When pts stop these drugs, they may experience a flare-up of the RMD.** With regard to the effect of these drugs on a possible Coronavirus infection, we do not yet know enough to offer formal advice.



- **ACR advise patients should talk to their rheumatologist or rheumatology professional prior to discontinuing any of their medications.** While there are no data on the influence of these medications on COVID-19, providers should follow their current practice for interrupting therapy during episodes of infection
- Currently, there are no specific data on SARS-CoV-2 in patients with rheumatologic disease or immunosuppression



- If pts are showing signs of any active respiratory infection, pts should not be taking your biologic (but talk to your doctor before stopping any medication).
- **If pts are not infected, it is probably safe to continue it unless pts fall into the high risk categories**– that is, elderly, have other serious conditions such as severe high blood pressure, chronic lung disease, kidney disease, or diabetes, or are a current smoker. This is a conversation pts should be having with your rheumatologist if you fall into these categories.



- **A general pause or a general reduction in immunosuppression is not recommended** since the pandemic is likely to continue for longer and immunosuppressed patients would be at increased risk of relapse if therapy was reduced or immunosuppression was suspended
- Such a relapse or a relapse of the underlying rheumatic disease increases the risk of infection on the one hand



Rheumatology societies advise patients not to stop or reduce their current medication (2/3)



British Society for
Rheumatology

- All patients, including those aged 16 years and under, should **continue to take their medication** unless directed otherwise by their rheumatology team or GP
- If pts are planning to start or switch to a new medication this may now need to be reviewed. Please remember patients on long-term glucocorticoids (steroids, prednisolone) should not stop these abruptly



Canadian Rheumatology
Association

- **Patients with rheumatic diseases should continue their medications**
- In patients with rheumatic diseases on corticosteroids, these should NOT be stopped and may require adjustment in the face of an infection



French Society of
Rheumatology

In the absence of signs of COVID-19 infection

- **Continue the treatment of your chronic inflammatory rheumatism** (biological background treatments or not, corticosteroids)
- Stopping your treatment may lead to a relapse of the disease which would weaken you in the face of infection, a fortiori when we do not know today the duration of the period at risk of exposure to COVID infection. -19



Italian Society of
Rheumatology

- **In general, therapies should not be suspended or reduced.** In case of doubts and problems that arise, it is advisable to contact your rheumatologist remotely for direct advice, which will be modulated on the individual case
- Patients being treated with biological drugs, with Janus Kinase inhibitors, with Methotrexate or with other immunosuppressant's, use these therapies to maintain low disease activity



Rheumatology societies advise patients not to stop or reduce their current medication (3/3)



- At the moment for **children with rheumatic diseases on medication, recommend to continue all therapies as usual**
- Don't stop medications including methotrexate (MTX) and biologics, without consulting your rheumatologist. This may cause a flare of your rheumatic disease. If you are on corticosteroid therapy - consult your rheumatologist regarding possible dose adjustment.



- It is very important that pts keep taking your medication as prescribed. Patients should discuss this with doctor
- Continue taking rheumatology-prescribed medications, including biologic injections, disease modifying drugs like methotrexate, and NSAIDs. **DO NOT STOP unless advised by your rheumatologist.**



South African Rheumatism
Arthritis Association

- There is a heightened anxiety surrounding the use of immunosuppressive treatments, including conventional DMARDs, but particularly biologics and targeted synthetic agents. Currently, there is insufficient data to provide definitive advice for changes in medication
- Patients who do not present with symptoms of COVID-19 and who have not come into close contact with a PUI **should continue their chronic medication, including immunosuppressive therapies like biologics.**



Paraguayan Society of
Rheumatology

- We urge you not to stop immunosuppressive medication** for fear of infection and in case of any suspicious symptoms, follow the protocol established by the MSPBS, avoiding at all times self-medication or making unilateral decisions about your medication
- To date, there is insufficient scientific evidence to indicate that patients with rheumatic diseases receiving biological treatments or with immunosuppressive drugs should take preventive measures different from those already established



Rheumatology societies advise patients not to stop or reduce their current medication (4/4)



- **Patients taking immunomodulatory (Bx) treatments should follow treatment** and discontinue therapy only if episodes of infection occur.
- It is recommended that these patients be evaluated, if possible, by non-face-to-face consultation (telephone, telemedicine etc.)
- Protective masks should not be promoted in people who are not infected
- Importance of following recommended prevention measures (hand washing, etc.).

