

## ANTHC Rheumatology COVID-19 Provider Handout

The Rheumatology Division of ANTHC is committed to helping our colleagues around the state manage autoimmune disease and immunosuppressive agents in the face of the COVID-19 pandemic.

The following recommendations are intended to be a guide in decision making; they are NOT intended to replace your clinical judgement. They are subject to change as new data becomes available.

Our goal is to try to avoid disruption in care to the extent that we are able. This will help to prevent flares and the need for additional NSAIDs and/or steroids.

- Healthy patients should continue their medications
- Patients should follow all CDC guidelines and AK State Department of Health Guidelines
- STOP immunosuppressive agents for fever (>100.3F), acute respiratory symptoms including SOB and cough, or any other clinical signs of infection.
- STOP immunosuppressive agents if the patient has been in direct contact with a person known to be infected with COVID-19.
- Do NOT stop prednisone suddenly if patient has been on long-term corticosteroid therapy.
  - Critically ill patients on long-term corticosteroids (>5mg for 30+days or 20mg for 5+ days) will need stress dose steroids
- Resume immunosuppressive therapy when the patient is afebrile and acute symptoms have resolved for at least 1 week.

### Office Visits:

The Rheumatology clinic will be closed to non-urgent visits until at least June 1, 2020. Until then, we will be conducting telephone and VTC visits for established patients and urgent new consults.

### Urgent Consults:

--Questions regarding existing Rheumatology patients should be directed to the Rheumatologist of record (whomever has seen the patient most recently)

--New *Urgent* Rheumatology consults should be sent via Tiger Text to "ANMC Rheumatology Consult" or call (907) 729-2071 and you will be connected with the covering Rheumatologist.

--Non-urgent questions should be sent through Cerner if available.

### Infusions:

--The ANMC infusion center remains open for infusion of biologic agents

--Zoledronic Acid infusions are on hold until after June 1, 2020

## Frequently Asked Questions:

*Which medications are SAFE to continue during infection?*

- Patients may continue to take Apremilast (Otezla), Hydroxychloroquine (Plaquenil), intravenous immunoglobulin (IVIG) and Tylenol as these medications do not suppress the immune system.

*Which medications should be STOPPED during infection?*

- azathioprine, leflunomide, methotrexate
- mycophenolate mofetil, mycophenolic acid, cyclophosphamide, cyclosporine A, tacrolimus
- Biologic therapies: certolizumab (Cimzia), secukinumab (Cosentyx), Etanercept (Enbrel), adalimumab (Humira), abatacept (Orencia), infliximab (Remicade, Renflexis), rituximab (Rituxan), golimumab (Simponi), ustekinumab (Stelara), tocilizumab (Actemra)
- Janus Kinase (JAK) inhibitors: tofacitinib (Xeljanz)

*What about tocilizumab (Actemra)? I heard it is used to treat COVID-19.*

There is limited data on the use of anti-IL6 drugs in the treatment of cytokine storm in patients with severe COVID-19 infection. At this time there is no definitive data that the drug prevents infection or treats mild infection. Furthermore, patients on this drug are at increased risk for severe infection from other bacterial and viral infections. Therefore we recommend tocilizumab be discontinued in the setting of acute infection.

*What about NSAIDs?*

There is data to suggest that Ibuprofen upregulates the ACE2 receptor, which is involved in COVID-19 infection. Whether or not Ibuprofen increases the risk of COVID-19 infection has yet to be proven. There is limited data on other NSAIDs.

Therefore, we recommend that patients who are on chronic NSAIDs continue their therapy. NSAIDs are not associated with an increased risk of other infections and are safer to use for arthritis flares than steroids.

Patients who are acutely ill should stop NSAIDs due to risk of gastritis and renal insufficiency. We recommend the use of Tylenol over NSAIDs for treatment of fever in acute COVID-19 infection.

*Is it safe to use Prednisone for a flare?*

Prednisone doses >6mg-10mg/day and especially at doses >20mg/day increase risk of infection and *should be avoided* if possible in RA, spondyloarthritis, psoriatic arthritis, and gout. Severe flares of lupus, vasculitis (including giant cell arteritis), myositis, interstitial lung disease and others may require high dose steroids and management should be directed by the patient's rheumatologist.

*Should I start prophylactic Hydroxychloroquine?*

NO. Hydroxychloroquine is associated with rare but potential side effects including retinal toxicity, myopathy, cardiac arrhythmia. It should only be used for autoimmune diseases for which it is indicated (lupus, rheumatoid arthritis, dermatomyositis, etc.). There is no evidence that prophylactic use of HCQ is effective in the prevention or treatment of COVID-19. Overuse of the drug is already leading to drug shortages around the country making it unavailable for patients who need it.

*Should patients stay home from work and school?*

Immunosuppressed patients are high risk for infection with COVID-19. We recommend that these patients work from home or stay home from work whenever possible.

If they must work, then they should follow CDC guidelines for social distancing, avoiding group meetings and hand hygiene.

*What should we do about labs?*

When possible, routine lab monitoring (CBC, CMP) for high risk medications including methotrexate and leflunomide should be continued in local clinics every 3 months.

For patients who are unable to travel or when flight restrictions prevent lab processing, we recommend continuation of methotrexate and leflunomide for up to 4-5 months, but not more than 6 months, without lab monitoring in those who have had stable labs on these drugs for at least a year.

Patients on infused biologics can have labs drawn in coordination with infusion appointments.

**Additional Resources:**

- American College of Rheumatology: <https://www.rheumatology.org/>
- Arthritis Foundation: <https://arthritis.org/>
- CreakyJoints: <https://creakyjoints.org/>

**ANTHC Division of Rheumatology:**

Sarah Doaty, MD

Elizabeth Ferucci, MD

Javaneh Lyons, MD

Jon Nick Manwaring, NP

Vivek Mehta, MD

David Templin, MD

3900 Ambassador Drive

4<sup>th</sup> Floor

Anchorage, AK 99508

Office Phone: (907) 729-2071

Office Fax: (907) 729-4896