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Guidance on the use of medications during COVID-19 outbreak

Guidance on the use of systemic immunosuppressive agents:

Due to the recent pandemic, there is concern about the use of systemic immunosuppressive agents regarding Coronavirus (COVID-19). Currently, the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have no guidelines on the use of systemic immunosuppressive agents during the pandemic. The main priority for dermatologists, at this point, is to continue to provide the best possible care for patients with skin disease, and in doing so, to keep our patients out of emergency rooms and urgent care to not burden the health care system unnecessarily. Dermatologists must delicately balance the risk of immunosuppression with the risk of disease flare requiring urgent intervention with patient-specific risks. **Therefore, the Academy strongly recommends that patients should not stop their ongoing systemic immunosuppressive therapy without consulting their physicians.** To better serve patients and their physicians, the Academy is putting forth the following interim recommendations (prepared on April 13, updated on Oct. 12, 2020). During the pandemic guidelines change rapidly; these interim recommendations may be reassessed in the future / will be reviewed on an ongoing basis.

Patients already on systemic immunosuppressive agents

- 1) Patients on systemic immunosuppressive agents' who have not tested positive or exhibited signs/symptoms of COVID-19: There is insufficient evidence to recommend discontinuation of systemic immunosuppressive agents at this time. Physicians should use their clinical judgments to stop or continue the patients on these drugs. Physicians should weigh the risk vs. benefits of the use of immunosuppressive agents on a case-by-case basis. The discussion, at the level of the individual patient, should include the original indication for the immunosuppressive agents, the severity of the original indication, the patient's age (whether they are ≥ 60 years old) and comorbidities. Comorbidities that may put patients at higher risk for serious illness from COVID-19 include serious chronic medical conditions such as cardiovascular disease, diabetes, severe hypertension, liver disease, kidney disease, respiratory system compromise, internal malignancies or tobacco use, among others.¹⁻³

According to several observational studies, patients on biologics did not have a higher incidence rate of COVID-19⁴ than the general public, and biologic use was not associated with

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worse COVID-19 outcomes such as hospitalization or death.⁴⁻⁶ An earlier case series from New York had similar findings.⁷

- 2) Patients on systemic immunosuppressive agents who have tested positive for COVID-19 or exhibit signs/symptoms of COVID-19: We recommend physicians discontinue or postpone the systemic immunosuppressive agents until the patient recovers from COVID-19, consistent with guidelines on the management of patients with active infections on systemic non-biologic and biologics therapy ([AAD non-biologics guideline](#) and [AAD Biologics Guidelines](#)). To understand the key threshold regarding patient recovery, refer to CDC guidance. [Interim guidance on when to end isolation](#).

- 3) Patients who have halted systemic immunosuppressive therapy after testing positive for COVID-19: We recommend physicians can re-initiate the systemic immunosuppressive therapy after ensuring the patients have completely recovered from COVID-19. To understand the key threshold regarding patient recovery, refer to CDC guidance. [Interim guidance on when to end isolation](#).

Patients not on systemic immunosuppressive agents.

- 4) Patients being considered for systemic immunosuppressive agents: We recommend physicians assess the risk vs. benefits in lower-risk patients before initiating immunosuppressive agents on a case-by-case basis, recognizing that anyone may develop serious complications from COVID-19 infection. For patients in a high-risk population (e.g.: individuals 60 years and older, or patients with recognized comorbidities such as cardiovascular disease, diabetes, severe hypertension, liver disease, kidney disease, respiratory system compromise, internal malignancies or tobacco use, among others),¹⁻³ we recommend that physicians consider deferring initiation of immunosuppressive agents. Alternative therapeutic approaches can be considered to treat high-risk patients.

For additional insights on the use of systemic immunosuppressive agents, dermatologists may also wish to refer to the links below from other associations' guidance on the use of biologics during the COVID-19 pandemic.*

1. National Psoriasis Foundation COVID-19 task force [Guidance Statements](#)⁸
2. American College of Rheumatology Guidance for management of rheumatic disease in [adults](#) and [pediatric](#) patients^{9,10}
3. [Treatment specific guidance](#) from the British Association of Dermatologists

* The links below are provided for reference for our members, and do not necessarily constitute AAD endorsement.

4. [Q&A](#) on the use of biologics during the COVID-19 pandemic from the National Eczema Association

Guidance on the use of spironolactone

There are no experimental or clinical data demonstrating beneficial or adverse outcomes among COVID-19 patients on spironolactone. For patients currently on spironolactone, **we recommend continuation of spironolactone** for those patients who are currently prescribed such agents for indications for which these agents are known to be beneficial. In the event patients with dermatologic disease are diagnosed with COVID-19, individualized treatment decisions should be made according to each patient's status and clinical presentation. Therefore, be advised not to add or remove spironolactone, beyond actions based on standard clinical practice.¹¹

For the latest information on the COVID-19 outbreak, refer to the [World Health Organization](#) (WHO) and the [Centers for Disease Control and Prevention](#) (CDC) website.

References

1. Wang T, Du Z, Zhu F, et al. Comorbidities and multi-organ injuries in the treatment of COVID-19. *Lancet*. 2020.
2. Yang J, Zheng Y, Gou X, et al. Prevalence of comorbidities in the novel Wuhan coronavirus (COVID-19) infection: a systematic review and meta-analysis. *Int J Infect Dis*. 2020.
3. Fang L, Karakiulakis G, Roth M. Are patients with hypertension and diabetes mellitus at increased risk for COVID-19 infection? *Lancet Respir Med*. 2020.
4. Piaserico S, Gisondi P, Cazzaniga S, Naldi L. Lack of Evidence for an Increased Risk of Severe COVID-19 in Psoriasis Patients on Biologics: A Cohort Study from Northeast Italy. *Am J Clin Dermatol*. 2020;21(5):749-751.
5. Yousaf A, Gayam S, Feldman S, Zinn Z, Kolodney M. Clinical Outcomes of CoVid-19 in Patients Taking Tumor Necrosis Factor Inhibitors and/or Methotrexate: A Multi-Center Research Network Study. *J Am Acad Dermatol*. 2020.
6. Gisondi P, Facheris P, Dapavo P, et al. The impact of the COVID-19 pandemic on patients with chronic plaque psoriasis being treated with biological therapy: the Northern Italy experience. *Br J Dermatol*. 2020;183(2):373-374.
7. Haberman R, Axelrad J, Chen A, et al. Covid-19 in Immune-Mediated Inflammatory Diseases - Case Series from New York. *N Engl J Med*. 2020;383(1):85-88.
8. Gelfand JM, Armstrong AW, Bell S, et al. National Psoriasis Foundation COVID-19 Task Force Guidance for Management of Psoriatic Disease During the Pandemic: Version 1. *J Am Acad Dermatol*. 2020.
9. Mikuls TR, Johnson SR, Fraenkel L, et al. American College of Rheumatology Guidance for the Management of Rheumatic Disease in Adult Patients During the COVID-19 Pandemic: Version 2. *Arthritis Rheumatol*. 2020.
10. Mikuls TR, Johnson SR, Fraenkel L, et al. American College of Rheumatology Guidance for the Management of Rheumatic Disease in Adult Patients During the COVID-19 Pandemic: Version 1. *Arthritis Rheumatol*. 2020.
11. HFSA/ACC/AHA Statement Addresses Concerns Re: Using RAAS Antagonists in COVID-19. *American College of Cardiology*.