Medical Societies Recommendations on Biologic use

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



 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





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 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



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



 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



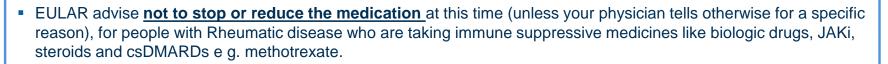
 IPC recommends physicians discontinue or postpone use of immunosuppressant medications in patients diagnosed with COVID-19 infection





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









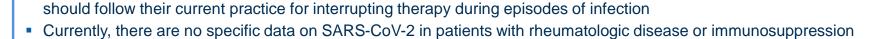
on a possible Coronavirus infection, we do not yet know enough to offer formal advice.

• 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

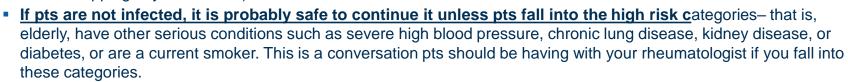
• When pts stop these drugs, they may experience a flare-up of the RMD. With regard to the effect of these drugs







 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).







Germany Society of Rheumatology

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

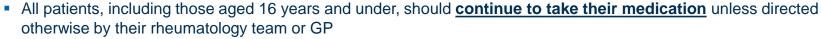






Rheumatology societies advise patients not to stop or reduce their current medication (2/3)





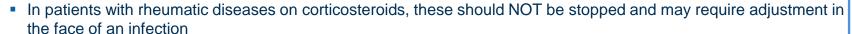


• If pts are planning to start or switch to a new medication this may now need to be reviewed. Please remember patients on long-term glucocorticoids (steroids, prednisolone) should not stop these abruptly



Canadian Rheumatology Association











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



- <u>In general, therapies should not be suspended or reduced</u>. 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 <u>children with rheumatic diseases on medication, recommend to continue all therapies as usual</u>
- 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.





 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

- <u>We urge you not to stop immunosuppressive medication</u> 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.).



