

April 6, 2020

## Use and Concern of Various Drugs around COVID-19

*Disclaimer: We are receiving frequent COVID-related questions about drug concerns and potential interactions. This information is current as of April 1, 2020. We will do our best to keep you up to date with this ever-evolving situation. This is the most up-to-date information at the time of publication.*

### **CORTICOSTEROIDS**

Systemic corticosteroids should not be used as primary treatment of COVID-19. Treatment with corticosteroids during similar infections showed no clear benefit and potential harm from delayed viral clearance and adverse drug reactions. They can be used if indicated for another reason, such as COPD exacerbation or septic shock.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30317-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30317-2/fulltext)

Inhaled corticosteroid (ICS) are safe to continue as maintenance therapy for patients with asthma and COPD.

<https://college.acaai.org/acaai-statement-covid-19-and-asthma-allergy-and-immune-deficiency-patients-3-12-20>

### **ACE/ARBs**

A position statement from the European Society of Cardiology Council on Hypertension strongly recommend that physicians and patients should continue treatment with their usual anti-hypertensive therapy because there is no clinical or scientific evidence to suggest that treatment with ACE or ARBs should be discontinued because of the COVID-19 infection.

[https://www.escardio.org/Councils/Council-on-Hypertension-\(CHT\)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang](https://www.escardio.org/Councils/Council-on-Hypertension-(CHT)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang)

### **Hydroxychloroquine/Chloroquine**

There is very limited data on the use of hydroxychloroquine and chloroquine to treat suspected or confirmed COVID-19 infections. These medications are still considered investigational treatments. Additionally, scant data exists for their use for COVID-19 prophylaxis. Clinical trials for prophylaxis and treatment are ongoing. At the time of this publication, the FDA issued an Emergency Use Authorization (EUA) that will allow both hydroxychloroquine and chloroquine to be used for treatment of hospitalized

COVID-19 patients. The medication will come from the Strategic National Stockpile (SNS) in hopes of helping alleviate the limited supply. Scientific evidence to support the effective treatment of COVID-19 with these medications is still lacking. We advise judicious use of these medications by weighing the potential risks of overprescribing medications that are in limited supply, thereby affecting their availability to patients who are currently using them to treat their autoimmune diseases. As a reminder, these medications can also have serious side effects, including retinopathy, cardiovascular effects, and hematologic effects.

<https://www.sciencedirect.com/science/article/pii/S0924857920300820?via%3Dihub>

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-daily-roundup-march-30-2020>

## **ANTIPYRETICS**

Recently, the use of NSAIDs during active COVID-19 infection has been a controversial subject. There is insufficient data to suggest discontinuing NSAIDs use at this time. If there is a concern regarding NSAIDs and active infection, patients can take acetaminophen. Since cough is common with COVID-19, remind patients to verify if acetaminophen is in any cough/cold products the patient may also be using and ensure they limit their total acetaminophen dose to 3000 mg per day from all sources.

<https://www.pharmaceutical-journal.com/news-and-analysis/news-in-brief/advice-on-nsaids-and-covid-19/20207839.article>

<https://www.fda.gov/drugs/drug-safety-and-availability/fda-advises-patients-use-non-steroidal-anti-inflammatory-drugs-nsaids-covid-19>

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