

COVID 19 PHARMACY UPDATE

SWHR P&T Committee

Disclaimer: We are receiving frequent COVID-related questions about drug concerns and potential interactions. This information is as March 20, 2020. We will do our best to keep you up to date with this ever evolving situation. This is the most update 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 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 this time of this publication, guidelines do not exist on their use for either prophylaxis or treatment of confirmed COVID-19. Additionally, there currently is a national shortage of these medications and we advise judicious use of these medications by weighing the potential risks of overprescribing medications that are in short supply, thereby affecting their availability to patients who are currently using them to treat their autoimmune diseases.

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

COVID 19 PHARMACY UPDATE (page 2)

ANTIPYRETICS

The use of NSAIDs during active COVID-19 infection is controversial. There is insufficient data to suggest discontinuing NSAID use. 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 daily acetaminophen to 3000 mg of acetaminophen 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>

SWHR Pharmacy contact: pharmacy@southwesternhealth.org