

RE: Advising Rheumatology Patients on Immunosuppressive Medicines FAQ
Recommendations up to date as of 3/13/2020

Below, we have included some commonly asked questions and our recommendations. **These recommendations are intended for rheumatology providers. They are intended only as a guide to decision making; they are NOT intended to replace your clinical judgement. Patients should always discuss medication changes with their health care provider.**

Rheumatology providers: please direct questions and comments to kwysham@uw.edu. Please note that Dr. Wysham will not be able to answer questions from patients directly. We will attempt to adapt and update this document as more information arises regarding the treatment of rheumatology patients in the setting of COVID-19.

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Disease Categories

Category 1: Diseases where temporarily withholding medications generally will not lead to significant harm:

1. Rheumatoid arthritis
2. Ankylosing spondylitis and other spondyloarthritis (without IBD)
3. Psoriatic arthritis
4. Polymyalgia rheumatica

Category 2: Diseases where temporarily withholding medications may lead to significant harm:

1. Vasculitis
2. Giant cell arteritis (GCA)
3. Systemic lupus erythematosus (SLE, lupus)
4. Systemic sclerosis or scleroderma
5. Ulcerative colitis and Crohn's disease
6. Sarcoidosis

COVID-19 Risk Factors

People who are/could be at high risk for COVID-19 infection and/or severe disease:

- Travel to affected areas (in last 14 days) (see <https://covid-19.uwmedicine.org/Pages/default.aspx> for current outbreak list)
- Close contact with confirmed COVID-19 case (in last 14 days)
- Spent time in skilled nursing facilities (in last 14 days)

- Special populations:
 - Age ≥ 65
 - Immunocompromised adult (e.g., cancer, solid organ transplant, immunosuppressive therapy*, chronic lung disease, hemodialysis, advanced HIV)
 - Pregnant person
 - People living homeless or in congregant facilities (e.g., college dorms, shelters, jail, prison, skilled nursing facilities, adult family homes)

Frequently Asked Questions

I have fever and cough. Should I be tested for COVID-19?

First, approach the situation as you would any febrile illness. Second, determine if patient should be tested for COVID-19. UW Medicine maintains continually updated COVID-19 testing criteria, which can be found at <https://covid-19.uwmedicine.org/Pages/default.aspx>. Check with your local health department for testing criteria and testing options for your patients. Also consider if patient should be tested for RSV and/or influenza (rheumatology patients often benefit from oseltamivir treatment).

I have fever and cough. Should I keep taking my medicines?

Most rheumatology practitioners would advise patient to withhold immunosuppressive medicines (except for steroids) until patient is afebrile x 24 - 48 hours and definitely improving. If patient is taking prednisone > 10 mg/d, consider a temporary dose reduction.

I feel okay, but should I stop my medicine to lower my risk of getting COVID-19?

In general, patients should be advised to continue their medicines as prescribed. According to King County (WA) Public Health, patients at high risk for COVID-19, including those taking immunosuppressive medicines*, “should stay home and away from large groups of people as much as possible, including public places with lots of people and large gatherings where there will be close contact with others. This includes concert venues, conventions, sporting events, and crowded social gatherings.” Patients should practice frequent and thorough hand washing, including the use of hand sanitizers, and avoid touching of mouth, nose, or eyes with bare hands/fingers.

If a patient feels strongly about stopping their immunosuppressive medication (except for prednisone),

- and they are being treated for a CATEGORY 1 condition, counsel patient on what to do in case of disease flare.
- and they are being treated for a CATEGORY 2 condition, discuss the rationale for continued therapy, and encourage patient to remain on therapy. If patient is insistent, counsel on what to do in case of disease flare.

**Immunosuppressive medications: Prednisone ≥ 20 mg/d (or equivalent), azathioprine, leflunomide, mycophenolate mofetil, mycophenolic acid, cyclophosphamide, cyclosporine A, tacrolimus, biologic therapies, janus kinase (JAK) inhibitors*

I work in an office? Should I stay away from work? Should I ask to work from home?

Patients at high risk for COVID-19 and likely to be exposed to crowded conditions (e.g., an office) should be advised to ask their employer for special accommodations, including option of remote work, etc. Offer to write a letter and have it faxed to their employer’s office.

Should I travel?

Patients at high risk for COVID-19 should consider delaying all non-essential travel. This includes avoiding public air/ground/water transportation. Providers should offer to write letters to help patients cancel or reschedule travel.

If I have a known exposure and am quarantined, should I hold my medication?

Patients should be advised to contact their rheumatology provider to discuss specific details of their situation. In most situations, medication should be held until 2 weeks after exposure.

I hear that I should have extra medications on hand? How many extra weeks should I have?

The CDC recommends having “several weeks of medications and supplies” at home in case of self-quarantine. We interpret that to mean at least 3 weeks of medications (to cover quarantine period plus a 1 week buffer). Many patients are requesting 12-week supplies of key medicines, which we have been offering if safe and medically appropriate. For advice on home readiness for COVID-19, we are directing patients to <https://www.cdc.gov/coronavirus/2019-ncov/community/home/checklist-household-ready.html>

I live with someone who is at high risk for acquiring COVID-19. What precautions should they take?

For close/household contacts of individuals with high risk for COVID-19 exposure (e.g., frontline health care workers), we recommend continual evaluation of risk and standard measures to reduce transmission.

I have heard that biologic medications are being used to treat COVID-19 infections. Are my medications going to protect me?

Some biologic medications have been used experimentally in the setting of severe COVID-19 infection in an attempt to reduce the inflammatory response. However, there is no evidence to suggest that these medications provide protection from infection with COVID-19.

What can I do to help in this situation?

Patients can play an important role in limiting the spread of COVID-19. Patients should be advised to stay healthy (e.g., by getting plenty of sleep) and follow guidelines on social distancing and hand-washing (above). In the coming weeks, hospitals and public health authorities will need to devote as many resources as possible to COVID-19 outbreaks. Patients can also educate friends, families, and loved ones about ways to reduce transmission and to protect vulnerable populations.