International League of Dermatological Societies
Skin Health for the World

GUIDANCE ON THE USE OF SYSTEMIC THERAPY FOR PATIENTS WITH PSORIASIS/ATOPIC DERMATITIS DURING THE COVID-19 (SARS-COV-2, CORONAVIRUS) PANDEMIC (APRIL 2020)

You will certainly be asked for guidance concerning measures to be taken for patients taking or to be started on systemic therapy for psoriasis or atopic dermatitis in the context of the COVID-19 pandemic.

Given the lack of current guidelines on the use of systemic immunomodulatory or immunosuppressive therapies during the pandemic, and the current absence of scientific data concerning the consequences of effects of COVID-19 infection in patients receiving such therapy, we would hereby like to provide you with the following guidance.

In all cases for which we are providing the guidance below, when considering initiation of systemic therapy in patients, the benefits vs risks and comorbidities should be very carefully weighed up individually and therapy only initiated in cases where the benefits are considered to significantly outweigh the risks.

Systemic therapy of psoriasis

- Current knowledge suggests that methotrexate, fumaric acid esters, apremilast, TNF-antagonists apart from infliximab, IL-17-, IL- 23 and IL-12/23 antagonists administered as monotherapy at the approved dosage are not associated with a significantly increased risk of virus infections.
- Infliximab, and ciclosporin may be associated with a slightly increased risk of viral infection.

Systemic therapy of atopic dermatitis

- Current data suggest that dupilumab (IL-4/13 antagonist) administered at the approved dosage in patients with moderate or severe atopic dermatitis is not associated with a significantly increased risk of virus infections.
- Ciclosporin and azathioprine may be associated with a slightly increased risk of viral infection.
- Corticosteroid (prednisolone) at doses ≥20mgs daily is associated with increased risk of viral infection

We therefore consider, in patients with psoriasis or atopic dermatitis that:

1. In patients who are SARS-CoV-2 negative and devoid of signs of COVID-19, current evidence does not justify discontinuation of the above systemic therapy. Individual decisions in each patient should however be made taking into account the benefits vs risks of continued therapy, patient's age (higher risk in elderly) and comorbidities (including diabetes, chronic obstructive pulmonary disease, hypertension and cardiovascular disease, kidney disease, liver disease and malignancy with the exclusion of keratinocyte carcinomas).

2. In the case of suspicion of a COVID-19 infection (acute fever, cough and/or respiratory symptoms) further therapy should be deferred and new therapy should not be initiated until a SARS-CoV-2 test result is available, and existing therapy should be discontinued if the SARS-CoV-2 test is positive.

Resources and further information:

- World Health Organization:
  - General: https://www.who.int/emergencies/diseases/novel-coronavirus-2019
  - Country & Technical Guidance: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance
  - EPI-WIN: WHO information network for epidemics: https://www.who.int/teams/risk-communication
- American Academy of Dermatology: https://www.aad.org/member/practice/managing/coronavirus
- British Association of Dermatologists: http://www.bad.org.uk/healthcare-professionals/covid-19
- European Dermatology Forum: https://www.edf.one/home/Guidelines/Guidelines.html
- PsoProtect – an international registry for health care providers to report outcomes of COVID-19 in individuals with psoriasis: http://psoprotect.org