# Prescription Medications for Community Patients with COVID-19: Recommendations for Primary Care Physicians and Pharmacists

These recommendations are meant to support patient care decisions on a case by case basis and are not meant to replace individualized clinical judgement. This document is also not designed to inform on COVID-19 treatment regimes. For patient specific questions please contact the patient's known specialist, or if not available, use the COVID-19 tele-advice line.

This guidance document has been put together by the leadership team of the Medicine Strategic Clinical Network in consultation with primary care and specialty care. The document contains information based on current available evidence and will be updated as new information becomes available. Please refer to the web version of this document for the most current information.

## 1. Considerations for Angiotensin Converting Enzyme Inhibitors (ACEi) and Angiotensin Receptor Blockers (ARB)

- Current evidence does not support that ACEi and ARBs are associated with the worsening of COVID-19 related outcomes. These drugs save lives and should be continued in patients who are already receiving them for their heart failure, hypertension, ischemic heart disease or kidney disease with proteinuria[1,2,3].

## 2. Considerations for Immunosuppressants

- While there is a relationship between viral infections (such as shingles) and higher doses of corticosteroids it is important that discussions about corticosteroids including dosing and ongoing use must be made with the prescribing physician, and as always the lowest dose that treats symptoms should be used. Care should be taken to avoid, identify and treat adrenal insufficiency when patients who are on corticosteroids (or have been in the last 3 months) develop severe illnesses including COVID-19.
- Patients should continue on immunomodulating / immunosuppressive therapy for inflammatory bowel disease (IBD), autoimmune diseases including but not limited to the kidney, skin or joints or solid organ transplants, unless a specialist recommends otherwise. Stopping medication could result in a flare and place the patient at higher risk[4,5].
- If a biologic infusion or injection must be delayed because the patient has COVID-19, or because they are self-isolated, the patient should contact their specialist to consider rescheduling.

## 3. Considerations for respiratory conditions requiring the use of Inhaled Corticosteroids (ICS) or Oral Corticosteroids (OCS)

- Patients of all ages with asthma or COPD who use inhaled corticosteroids (ICS) or oral corticosteroids (OCS) as controller/preventer therapy should remain on their medicines exactly as prescribed by their physician(s) prior to the COVID-19 pandemic[6, 7, 8, 9].
- Using ICS or OCS as prescribed is necessary for protecting those with asthma or COPD from flare-ups, which can lead to the need for emergency care or hospitalization[6,8,9].

- Exacerbations of asthma or COPD should be treated according to usual protocols, including steroid treatment if warranted.
- There is no scientific evidence to support that ICS or OCS should be avoided in patients with asthma[6,8,9] or COPD[7,9] during the COVID-19 pandemic.

## 4. Considerations for Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) including Acetylsalicylic Acid (ASA)

- Current evidence does not support that NSAIDs worsen symptoms of COVID-19. Patients using NSAIDs including ASA for chronic conditions should remain on these medications. Acetaminophen is generally recommended for the treatment of fever [10,11] .

**References:**


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