

April 2, 2020

If you are on a biologic drug for the treatment of your psoriasis or autoimmune skin disorder please review the following recommendations. It has been recommended by the International Psoriasis Council that any patients with Coronavirus/COVID -19 discontinue or postpone immunosuppressant medications, including biologic “injectables”. If you have been in contact with any people infected with COVID-19 but have no symptoms, there are currently no clear recommendations at this time. In this case you may wish to hold/postpone injections, especially if you are over the age of 60 and have any co-morbidities that would increase your risk of serious infection (diabetes, cardio-vascular disease, liver disease, kidney disease, respiratory disease, internal malignancies, tobacco use, among others). Please keep in mind that restarting your biologic after a long break may result in less efficacy, however, this is not entirely predictable. If you are taking Methotrexate, Imuran or CellCept (mycophenolate mofetil) for treatment of auto-immune blistering disease we recommend you notify your health care providers to obtain guidance on discontinuation in the event of COVID infection. We also recommend you decrease your dose to the lowest possible to adequately control your skin disease. Please call the office for guidance.

To re-iterate, if you become COVID -19 positive you should stop your biologic treatment for psoriasis until you fully recover and under the supervision of your treating physicians and care team.

Please see the article below written by one of the country’s leading psoriasis experts.

Your health is extremely important to us. Please call Atlantic Shore Dermatology if you have any questions regarding these recommendations.

Best,

Ashley Cavalier, M.D.

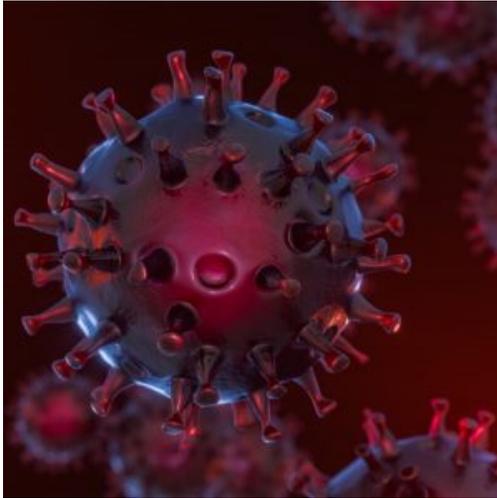
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Covid-19 and systemic therapies for psoriasis: How should patients respond?



For psoriasis patients on biologics (Enbrel, Humira, Remicade, Cimzia, Stelara, Cosentyx, Taltz, Siliq, Tremfya, Ilumya, Skyrizi)

For patients who have been healthy on their biologic up to now with no obvious increase in infection rate, continuing therapy **LIKELY WILL NOT** increase their risk of contracting the virus. Furthermore, if an infection should occur, it is **NOT LIKELY** that their ability to fight the infection will be affected. But, of course, as with any significant infection, patients should hold future doses until they fully recover.

With that being said, if psoriasis patients are still concerned and would rather hold their biologic medication for now, that is certainly a reasonable option. But keep in mind the following two issues:

- - 1) The psoriasis will recur. Depending on the specific biologic, half the psoriasis returns on average in 3 to 6 months.
- - 2) Restarting the biologic after a long break may or may not work as well as their previous experience to control their psoriasis.

For psoriasis patients on oral prescriptions

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1) For patients on **Cyclosporine** and **Methotrexate**, Dr. Sobell advises to reduce the dose to the lowest possible that still adequately controls their symptoms. For patients on **Otezla**, as it is not associated with a high risk of infection, it is reasonable to continue at the current dose. But, should a significant infection occur while under any of these three treatments, Dr. Sobell would hold future doses of all three of these medications until the infection has completely resolved.

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2) For patients on **Acitretin**, this medication does not impair the immune system so it is acceptable to continue.

For all patients

Our best defense against infection is [proper hand hygiene](#) and avoidance of close contact with people showing signs of respiratory illness.

If you have specific concerns about your psoriasis therapy and Covid-19, contact your dermatologist or physician.