# GN Committee

- *Is there an increased risk of acquiring SARS-Cov2, or of having complications, as a result of immunosuppression?*

- Review of COVID-19, SARS and MERS epidemic data in transplant patients:[1,2]
  - No clear increased risk of acquiring the disease
  - No clear increased risk of serious complications

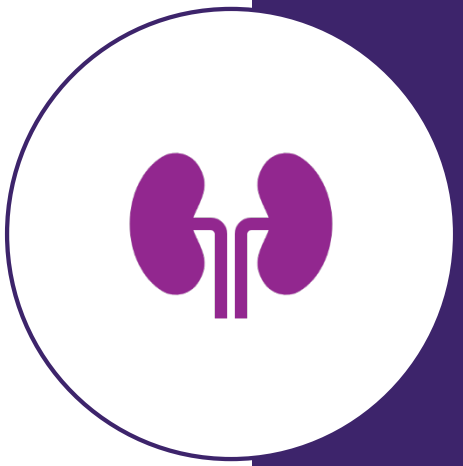
- But:
  - Increased risk of other viral infections well known
  - Uniform treatment with steroids in SARS may have been associated with worse outcomes


1. D'Antiga L. Coronaviruses and immunosuppressed patients. The facts during the third epidemic. *Liver Transplant Off Publ Am Assoc Study Liver Dis Int Liver Transplant Soc*. March 2020.
2. Chiu M-C. Suggested management of immunocompromized kidney patients suffering from SARS. *Pediatr Nephrol Berl Ger*. 2003;18(12):1204-1205

# GN Committee

- Risks of withholding immunosuppression:
  - Disease flare, ESKD, needing dialysis, increase utilization of health care resources
  - Extra-renal disease flare may precipitate hospital or ICU admission

- On balance, GN Committee recommendations:
  - Against routine reduction in immunosuppression
  - Each patient should be considered individually, and immunosuppression reduced only if clinically indicated
  - Consistent with BC Transplant recommendations



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# GN Committee

- Access to medical short stay in hospitals for IV immunosuppression needs to be maintained
  - Is **not** considered elective

- BC Renal community pharmacies dispensing policies for GN Formulary:
  - Initially reduced amount of dispensed drug to mitigate against supply shortages (ie. from 90 days to 60 days)
  - No shortages have been identified
  - But mycophenolate 250 mg, mycophenolate sodium 180 mg and 360 mg, and mycophenolate 250 mg/mL are on **allocation** so they continue to be dispensed at 60 day quantities

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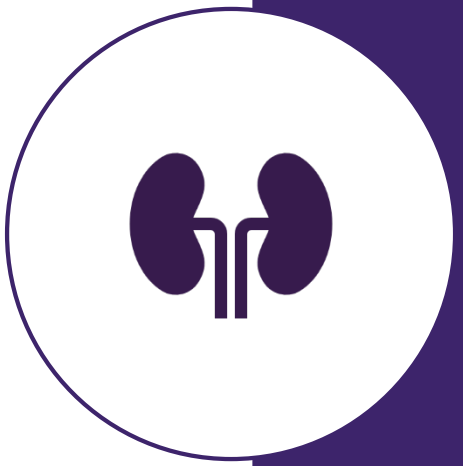
- Reasons for a drug being on allocation relate to supply:
  - Pharmaceutical manufacturers rely on capacity in passenger flights to move medicines, APIs, and intermediates
  - Ocean freight is slow, cost of shipping containers has skyrocketed, and offloading at Canadian ports has slowed
  - Some countries are also engaging in protectionist policies such as preventing the export of APIs such as hydroxychloroquine (90% of Canada's supply comes from India)

- Hydroxychloroquine for COVID-19:
  - Should not be prescribed or dispensed outside of a clinical trial [BCCDC, WHO, CPSBC, CPBC, BCCNP]
  - Supply: limitations mentioned above
  - Demand: world-wide growth in demand for treatment of COVID
  - At $0.51/day, funding policy not likely to limit demand as most patients can pay out of pocket
  - As of April 23, 2020, the drug is no longer considered to be in short supply in Canada, but we will have to deal with price increases
  - Will put pressure on patients with SLE and other autoimmune diseases who legitimately benefit from hydroxychloroquine

# GN Committee

- Access to kidney biopsies needs to be maintained
  - Defer non-urgent biopsies as clinically indicated
  - Urgent biopsies should proceed -> implications to treatment

- Patients have questions about going for bloodwork
  - Individual clinical decision
  - If needed to monitor acute disease activity or drug safety -> **not** elective -> should continue preferably at community labs



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