In the midst of much debate, confusion, and unremitting questions posed by health care providers and patients alike, the National Institutes of Health (NIH) has released guidelines for the treatment of patients with COVID-19.1

Developed by a panel of experts representing federal agencies, health care and academic institutions, and professional societies, the guidelines provide a critical appraisal of the published evidence and recommendations on the various treatment options under evaluation. Each recommendation is rated according to its strength (A, B, or C) and the quality of evidence supporting it (I, II, or III). An “A” rating indicates strong recommendation for the statement; “I” indicates that the evidence for recommendation includes one or more randomized trials with clinical outcomes and/or validated laboratory end points; and “III” indicates that the recommendation is based on expert opinion.

Each recommendation is further explained by a rationale, background, summary of published clinical data in COVID-19, ongoing clinical trials, and drug-specific information such as monitoring, adverse effects, and drug-drug interactions. Considerations for the use of these treatments in special patient populations such as pregnant women and children and references to other resources of significance to the particular recommendation are provided, as applicable.

The following is a summary of the panel’s recommendations on the therapeutic options under evaluation for the prophylaxis and treatment of COVID-19:

- Outside the setting of a clinical trial, the panel does not recommend the use of any agents for preexposure (AIII) or postexposure prophylaxis (AIII).
- Clinical data are insufficient to recommend either for or against the use of the following in the treatment of COVID-19: • Chloroquine or hydroxychloroquine (AIII). If chloroquine or hydroxychloroquine is used, clinicians should monitor patients for adverse effects, especially a prolonged QTc interval (AIII); • Remdesivir (AIII); • Convalescent plasma or hyperimmune immunoglobulin (AIII); • Interleukin-6 inhibitors (e.g., sarilumab, siltuximab, tocilizumab) (AIII); or • Interleukin-1 inhibitors (e.g., anakinra) (AIII).
- Except in the context of a clinical trial, the panel recommends against the use of the following drugs in...
Evidence-Based Guidelines for the Management of COVID-19 (continued)

- The combination of hydroxychloroquine and azithromycin (AIII) because of the potential for toxicities;
- Lopinavir/ritonavir (AI) or other HIV protease inhibitors (AIII) because of their unfavorable pharmacodynamics and negative clinical trial data;
- Janus kinase inhibitors (e.g., baricitinib) (AIII) because of their broad immunosuppressive effect; or
- Interferons (AIII) because of their lack of efficacy in the treatment of severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) and toxicity.

In addition, the guidelines provide recommendations on the care of critically ill patients and the management of concomitant medications, including angiotensin-converting enzyme inhibitors and angiotensin receptor blockers, corticosteroids, statins, and NSAIDs.

Shortly after release of the guidelines, preliminary and final results from two randomized, placebo-controlled clinical trials evaluating the efficacy and safety of remdesivir in hospitalized adults with COVID-19 were released. Although the preliminary results from the Adaptive COVID-19 Treatment Trial (ACTT) show that the median time to recovery was shorter in patients treated with remdesivir than in patients treated with placebo (11 days vs. 15 days, respectively; p<0.001), this is in contrast with findings from the other concurrently published study, which show no difference in time to clinical improvement between the two treatment groups.2,4

The Coronavirus Disease 2019 (COVID-19) Treatment Guidelines will be updated periodically as scientific evidence and findings from ongoing clinical trials are published.


FIP Introduces COVID-19 Information Hub

The International Pharmaceutical Federation (FIP) has made available a series of resources for pharmacists to guide their preparation for and response to COVID-19. Resources include guidelines on drug therapy, guidelines for the pharmacy workforce, and frequently asked questions. Also provided are guidance summaries on various issues such as transmission and incubation, community pharmacy interventions and patient counseling, pharmacy operations, community pharmacy procedures, and treatment guidelines and medicines to stock, among others.

The information hub also presents a compilation of guidance documents from member organizations and other resources of relevance to pharmacists. FIP resources, translated into several languages, are available at www.fip.org/coronavirus.

Book Highlights

Cardiology Care

Cardiology Care is the most recent release in the Ambulatory Care Self-Assessment Program (ACSAP).

Developed and peer reviewed by practicing clinicians, the book addresses clinical questions and challenges common in practice. Cardiology Care offers a total of 17.5 continuing pharmacy education (CPE) credits. The book’s four modules, the CPE credits offered, and the topics covered in each are as follows:

- Cardiology Care I (4.5 CPE hours)
  • Aspirin for Primary Prevention of CVD
  • Antiplatelet Therapy for Secondary Prevention
- Cardiology Care II (4.5 CPE hours)
  • Perioperative Use of Antithrombotics
  • VTE Prophylaxis in Obesity
- Cardiology Care III (4.0 CPE hours)
  • Peripheral Arterial Disease
  • CV Services in the Community Setting
- Cardiology Care IV (4.5 CPE hours)
  • Treatment-Resistant Hypertension (interactive case)
**Book Highlights (continued)**

- Dyslipidemia (interactive case)
- Chronic Heart Failure (interactive case)

ACSAP educational activities provide a concise appraisal of the most up-to-date published evidence applicable to daily practice and the advancement of direct patient care. The interactive case activities offered in the e-module employ case-based learning, affording pharmacists an alternative learning method that helps them assess their knowledge and clinical reasoning as they advance their professional development in the subject matter.

Board Certified Ambulatory Care Pharmacists (BCACPs) seeking specialty recertification credit must successfully complete all activity requirements by November 10, 2020. Pharmacists seeking CPE credit must successfully complete activity requirements by March 16, 2023.


**ACCP Members Respond to the COVID-19 Pandemic**

As many nations confront the serious health and societal challenges imposed by the coronavirus pandemic, ACCP members are demonstrating professional and humanitarian leadership in diverse roles.

Member contributions to fighting the current global health outbreak are characterized by the stories featured in “Clinical Pharmacy in Action: ACCP Members Respond to the COVID-19 Pandemic.” Dedication to patient care is illustrated by the various services offered to screen, test, and triage persons with suspected COVID-19. To maintain continuity of care and minimize the risk of exposure to infection, pharmacists have developed drive-through clinic sites to provide the necessary monitoring and medication management for patients receiving anticoagulation therapy. In addition to developing guidelines and protocols to inform institutional practices, ACCP members are establishing pharmacy services at alternate sites to provide care to patients with COVID-19.

In the professional education space, stories showcase how ACCP members have adopted online teaching in both the didactic and the experiential setting. Stories also feature various educational activities being developed to inform the public on COVID-19 and the humanitarian services being offered to high-risk individuals.

Moreover, ACCP members are assuming key leadership positions in governmental and professional organizations that advocate best practices, inform policies on medication-related issues, and develop evidence-based treatment guidelines.


**International Professional Services**

ACCP provides international professional services as part of its mission “to advance human health by extending the frontiers of clinical pharmacy” throughout the world.

More information on ACCP’s international professional services is available at [www.accp.com/international/services.aspx](http://www.accp.com/international/services.aspx).

**ACCP International Clinical Pharmacy Center Recognition**

Designed to improve patient care by advancing clinical pharmacy throughout the world, the program vision is that:

- Clinical pharmacists throughout the world will achieve medication optimization by providing essential, direct patient care in team-based settings.
- Clinical pharmacy programs will advance clinical pharmacist practice, education, training, and research worldwide.

Mark Your Calendar

A Message from the Editor

Dear Colleagues:

The featured article in this issue of the ACCP International Clinical Pharmacist, “Evidence-Based Guidelines for the Management of COVID-19,” summarizes the key recommendations published by the COVID-19 treatment guidelines panel, commissioned by the National Institutes of Health. The panel’s recommendations are comprehensive and succinctly summarize the scientific evidence published on the various agents under consideration. The guidelines will be updated as results from the many ongoing clinical trials are published. The article titled “FIP Introduces COVID-19 Information Hub” describes the International Pharmaceutical Federation’s guidance documents and compilation of resources from member organizations.

The Book Highlights department of this issue features Cardiology Care, the most recent release in the 2019–2021 edition of the Ambulatory Care Self-Assessment Program (ACSAP). Topics covered in this book are relevant to every practicing pharmacist providing care to patients with cardiovascular diseases in the ambulatory or community pharmacy setting.

The article titled “ACCP Members Respond to the COVID-19 Pandemic” highlights stories that recount ongoing ACCP member contributions to providing patient care; extending pharmacy services and health care resources; serving as expert members on local, state, and national panels and task forces providing guidance on the fight against this contagion; and educating students and residents in these challenging times. More information on this, as well as on ACCP’s stance on the response to COVID-19, is available at www.accp.com.

Finally, as with other professional and personal aspects, the pandemic has necessitated an interruption in ACCP’s international activities. I look forward to resuming these activities and further advancing meaningful professional collaborations with many of you. Until then, stay well.

Sincerely,

Wafa Y. Dahdal, Pharm.D.