Workers' Comp

Potential Drug Therapy Treatments for COVID-19: Impact on Workers' Compensation

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Dr. Mitch Freeman, Pharm.D.

Chief Clinical Officer

As response to the COVID-19 pandemic shifts into new phases—parts of the United States are reopening and businesses and many states are considering how to get people back to work—scientists continue to research potential medications that could be used to treat the disease. As more research emerges about potential treatments, what impact might the workers' compensation industry experience? Let's first look at recent developments around various prospective treatments and then dive into their potential effect on workers' compensation. *Note: Research and findings change constantly—it is important to access the most recent information released by the Centers for Disease Control, the Federal Drug Administration, the National Institute of Health and other sources.*

Current Research on Potential COVID-19 Treatments and Development of Treatment Guidelines

A few medications, including the widely publicized malaria medications hydroxychloroquine sulfate and chloroquine phosphate, showed early promise but soon proved questionable in their benefit. Shortly after issuing an Emergency Use Authorization (EUA) for the drugs, the Federal Drug Administration (FDA) issued a warning against using the drugs outside a hospital or clinical setting due to potential heart rhythm problems. On June 15, 2020, the FDA officially revoked its EUA for hydroxychloroquine, citing evidence that the drug is not effective in treating COVID-19. Other drugs have recently shown promise, including remdesivir, which is currently undergoing Phase 3 clinical trials to measure its effectiveness and safety in treating patients diagnosed with COVID-19. Early clinical trials from Stanford and the National Institute of Health (NIH) suggest the drug could be effective at treating COVID-19 by accelerating recovery time in severely ill patients. On May 1, 2020, the FDA approved the emergency use of remdesivir "for the treatment of hospitalized 2019 coronavirus disease (COVID-19) patients…" In June, scientists from Oxford University in England released a study that found the

steroid dexamethasone was effective in improving chances of survival in the sickest COVID-19 patients. Although the study has yet to be peer-reviewed or published, the initial findings prove hopeful for those treating severely ill COVID-19 patients. According to the initial press release, the study found that for the group that received dexamethasone and were on ventilators, the drug reduced the death rate by 35%. For those not on ventilators but still needed oxygen, the drug reduced the death rate by 20%. Dexamethasone is a generic drug that has been on the market for nearly sixty years and targets the overacting immune response in the sickest of patients. Remdesivir and dexamethasone differ in their use cases in that remdesivir has been shown to shorten the length of illness but not necessarily help people recover or survive, while dexamethasone has been shown to improve survival rate. Another potential option that has not received as much press is stem cell therapy remestemcel-L, which will be undergoing a clinical trial over the next few months. Preliminary results from Mt. Sinai Hospital in New York showed a survival rate of 83 percent for certain patients who were treated with remestemcel-L. These patients had developed ARDS, a complication of COVID-19 where the patient's immune system damages the lungs while trying to destroy the virus. The clinical trial results should provide better insight into whether the stem cell therapy is effective at treating those in severe condition with ARDS. Despite these exciting findings, there is still no confirmed treatment for COVID-19. The NIH released treatment guidelines for COVID-19, which states, "There are no Food and Drug Administration (FDA)-approved drugs for the treatment of COVID-19, although remdesivir, an investigational antiviral drug, is available through an FDA emergency use authorization." The guidelines and recommendations from the NIH outline management and treatment of COVID-19 for patients with mild to severe or critical illnesses. The NIH treatment guidelines also discuss therapeutic treatments under investigation. For the use of chloroquine or hydroxychloroquine, the NIH treatment guidelines recommend against the use of either drug for the treatment of COVID-19, except in a clinical study. In regards to remdesivir, the NIH recommends "remdesivir for treatment of COVID-19 in patients who are on mechanical ventilation or extracorporeal membrane oxygenation." The NIH reiterates that there are currently no FDA-approved drugs for the treatment of COVID-19, though remdesivir has received EUA.

Impact on Workers' Compensation

As more becomes known about the ability of medications to treat or aid in the treatment of COVID-19, will there be any effect on the workers' compensation industry? This depends on a few factors. For workers on the front line of defense, such as doctors and healthcare workers, the illness may be a compensable injury, especially as more states consider and pass presumption laws. For those cases that would be covered by workers' compensation, the coverage of pharmaceuticals is included. However, the current use of any of these drugs is limited to hospitals and clinical trials, meaning the impact to pharmacies will likely only occur if any medication is approved to be administered outside of a hospital. Now that the FDA has revoked its EUA for hydroxychloroquine and chloroquine, the drugs should not appear in treatment for COVID-19. Many states had already moved to restrict the inappropriate prescribing of hydroxychloroquine by requiring verification of the drug's use. Any prescriptions for these drugs should not be related to COVID-19. Remdesivir is currently only an IV drug, which means it can only be administered in hospitals. Therefore, it is unlikely to have a direct impact on outpatient use. Should studies demonstrate that any of these drugs are efficacious in the treatment or prevention of COVID-19, the FDA could expand its recommendations to include outpatient use, resulting in much higher utilization in work-related infections. Dexamethasone is a generic medication that has been on the market for nearly six decades. While the drug is still undergoing study, if it proves to be effective at helping severely ill patients recover, you could see an uptick in use in hospital settings. The study does not conclude if the drug is effective in mild to moderately ill patients, meaning that prescriptions for the drug will likely not surface unless the drug proves effective for this group of patients. Since remestemcel-L is a stem cell therapy, there would likely be no direct impact on outpatient use. However, if the therapy is as effective at treating COVID-19 as preliminary results show, the overall workers' compensation system could see an impact. Since the severity of the disease would be mostly mitigated by an effective treatment, there could be a greater move to get people back to work. Although the potential impact of these potential treatments on workers' compensation

overall is likely quite low, it is important to be aware of changes as the pandemic rapidly develops. Our clinical team will continue to keep you apprised of any updates that could affect your pharmacy program.

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