

22 April 2020

Shropshire CCG DMARD Prescribing and Monitoring Advice for Primary Care teams during COVID-19 pandemic

This short briefing aims to provide some basic guidance to primary care practitioners for DMARD monitoring of patients during the current COVID-19 pandemic. Advice regarding disease modifying drugs (DMARDs) can be found on the websites for the British Society of Rheumatology (BSR) website and the British Association of Dermatologists.^{1,2} The monitoring advice has been taken from the Specialist Pharmaceutical Services “Guidance on the management of drugs requiring monitoring during Covid-19”³ and “Azathioprine, leflunomide, mercaptopurine and methotrexate drug monitoring in primary care during Covid-19”⁴ with some adaptation from local specialist clinicians.

DMARD Monitoring

Many patients on immunosuppressant therapies are high risk and will be self-isolating, therefore should not be leaving their homes unless it is vital. The Specialist Pharmaceutical Services considers that it is usually safe to reduce blood-testing frequency in stable patients.^{3,4}

Shropshire CCG are therefore recommending that the DMARD monitoring schedule in the table below is adopted during the current Covid-19 pandemic for **stable patients only** i.e. patients who have been on treatment for > 12 months and where their current dose has been stable for > 6 weeks.

Patients who have been on treatment for less than 12 months and/or on their current dose for less than 6 weeks should continue to be monitored as per the standard shared care agreement.

Please note - Extending monitoring intervals is not appropriate for patients who: have CKD stage 3 or above; have severe liver disturbance; have had abnormal liver results due to DMARDs within the last 3 months or who have had severe abnormal WBC results due to DMARDs within the last 3 months.⁴

DMARD	Current Monitoring	CCG Proposed Monitoring interval during COVID19 *
Azathioprine	3 monthly	6 monthly
Ciclosporin	1 monthly	2 monthly
Hydroxychloroquine	Annual eye assessment if continued for over 5 years	Consider suspending annual eye assessment with ophthalmologist advice
Leflunomide	3 monthly	6 monthly

Leflunomide and at least 1 other immunosuppressive	Recommended more frequently than leflunomide alone	2 monthly
Methotrexate**	3 monthly	6 monthly
Mycophenolate	3 monthly	3 monthly
Sulfasalazine in first year of treatment	3 monthly	6 monthly

*Adapted from Specialist Pharmaceutical Services

** Dermatology currently monitor bloods monthly for patients who are taking a methotrexate dose of 15mg or more weekly. These dermatology patients are to be monitored 3 monthly with the additional blood tests to be organised by the specialist clinician.

Rheumatology and Dermatology Clinical Services

Further advice for rheumatology patients can be obtained from Robert Jones and Agnes Hunt NHS Hospital Trust who can be contacted via:

E-mail: rjah.rheumatology@nhs.net
 Nurse led helpline: 01691 404432
 Rheumatology Secretaries: 01691 404592

Further advice for dermatology patients can be obtained from St Michael's Clinic who can be contacted via:

E-mail: info@stmichaelsclinic.co.uk

or from the Dermatology Department at the Shrewsbury and Telford Hospitals NHS Trust who can be contacted via:

E-mail: sath.dermatology.admin@nhs.net

References

- 1 Covid-19: Guidance for rheumatologists
<https://www.rheumatology.org.uk/News-Policy/Details/Covid19-Coronavirus-update-members>
- 2 Advice for Dermatology HCPs during Covid-19 pandemic
<https://www.bad.org.uk/healthcare-professionals/covid-19>
- 3 Specialist Pharmaceutical Services Guidance on the management of drugs requiring monitoring during Covid-19
<https://www.sps.nhs.uk/articles/drug-monitoring-in-primary-care-for-stable-patients-during-covid-19/>
- 4 Specialist Pharmaceutical Services Azathioprine, leflunomide, mercaptopurine and methotrexate drug monitoring in primary care during Covid-19
<https://www.sps.nhs.uk/articles/dmard-drug-monitoring-in-primary-care-during-covid-19/>