Guidance on the management of drugs requiring monitoring during COVID-19

Adapted from information published on SPS website

Azathioprine, leflunomide, mercaptopurine, and methotrexate

Drug monitoring in primary care during COVID-19

The following advice is for the management of patients taking DMARDs for rheumatology related conditions. General guidance on management of rheumatology patients during COVID-19 is available from the British Society for Rheumatology.

This document gives advice on drug monitoring in primary care during COVID-19 for the following drugs when used as DMARDs in stable patients (stable patients are defined as those who have been on current treatment for >12 months and at a stable dose for >6 weeks):

For non-stable patients the standard monitoring requirements apply as per the current shared care guidelines available on the SWYAPC website

During the COVID-19 pandemic, recommendations to reduce attendances are:

- Where DMARD use has been successful and stable (see definition of stable above) consider extending the monitoring interval to up to every 6 months
- However, extending blood monitoring is not suitable if the patient has:
  - poor renal function with CKD ≥ 3
  - severe liver disturbance or abnormal liver results due to DMARDs within previous 3 months
  - severe abnormal WBC results due to DMARDs within previous 3 months

For patients with symptoms of COVID-19, recommendations are:

- Consider stopping medication (see “Should patients cease their medication as a precaution?” advice from BSR) and seek specialist advice on when to re-start
- Undertake additional blood tests after self-isolation and within two weeks of re-starting medication
- If results okay—revert to monitoring every 6 months; if abnormal—seek specialist advice
- Refer patients to advice from Versus Arthritis
This page was developed in conjunction with Kalveer Flora, Chair, Rheumatology Pharmacists UK (RPUK); Lead Pharmacist, Specialised Rheumatology CRG for NHS England. We are hugely grateful for her input.