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

Adapted from information published on SPS website

Ciclosporin 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 page gives advice on drug monitoring in primary care during COVID-19 for ciclosporin when used as a DMARD 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, the recommendation to reduce attendances is:

- For those on 4 weekly monitoring, consider extending the monitoring interval to between 6 to 8 weeks with specialist advice.
- For those who receive monitoring less frequently, seek specialist advice for extensions to monitoring during the COVID-19 pandemic.
- For those who receive monitoring more frequently due to being at higher risk of toxicity, seek specialist advice for extensions to monitoring during the COVID-19 pandemic.

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 at extended interval; 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.