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

Adapted from information published on SPS website

Penicillamine 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 penicillamine 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 patients not already being monitored on a 3 monthly basis, consider extending the monitoring interval to up to 3 monthly
- 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.