

## 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*