High risk drug monitoring schedule guidance for use during Covid-19 pandemic only. Correct as of 09/03/2021

Please also refer to West Essex shared care agreements

There is no definitive evidence base for optimal blood monitoring frequencies of immunosuppressant during the Covid-19 pandemic therefore the information below is national guidance where available and local specialists advice. This guidance is for **STABLE** patients; i.e. stable patients are defined as those who have been on current treatment for >12 months and at a stable dose for >6 weeks. If you need further advice please contact specialist via Advice and Guidance

Drug	Normal Maintenance Monitoring Schedule[1]	Monitoring Schedule Guidance during the Covid-19 pandemic				
		PAHT local specialist advice[2]	NICE rapid guidelines	National specialty guidance	Barts Health	CUHT
Azathioprine and Mercaptopurine **For azathioprine and mercaptopurine if notified by specialist that patient is heterozygote for TPMT, continue monitoring FBC and LFTs monthly[1]**	**Rheumatology indications** Every 3 months as per shared care	Every 3 months as per shared care	NOTE 1	NOTE 2	To be advised	High Risk Drug Monitoring
	Dermatology indications Every 3 months as per shared care	Every 3 months as per shared care	NOTE 3	Follow normal appointment and blood monitoring protocol[6]		
	Gastroenterology indications Every 3 months as per shared care	Consider extending up to every 6 months	NOTE 4	Reduce any therapy-associated monitoring blood tests to minimum safe frequency[7]		
Methotrexate and Leflunomide	**Rheumatology indications** Every 3 months as per shared care	Every 3 months as per shared care	NOTE 1	NOTE 2		
	Dermatology indications Every 3 months as per shared care	Every 3 months as per shared care	NOTE 3	Follow normal appointment and blood monitoring protocol[6]		
	Gastroenterology indications (methotrexate) Every 3 months as per shared care	Consider extending up to every 6 months	NOTE 4	Reduce any therapy-associated monitoring blood tests to minimum safe frequency[7]		

Drug	Normal Maintenance Monitoring Schedule[1]	Monitoring Schedule Guidance during the Covid-19 pandemic				
		PAHT local specialist advice[2]	NICE rapid guidelines	National specialty guidance	Barts Health	CUHT
Mycophenolate mofetil	**Rheumatology indications** Every 3 months as per shared care	Every 3 months as per shared care	NOTE 1	NOTE 2	To be advised	High Risk Drug Monitoring
	Dermatology indications Every 3 months as per shared care	Every 3 months as per shared care	NOTE 3	Follow normal appointment and blood monitoring protocol[6]		
	Gastroenterology indications Every 3 months as per shared care	Up to every 6 months	NOTE 4	Reduce any therapy-associated monitoring blood tests to minimum safe frequency[7]		
	Interstitial lung disease Every 3 months as per shared care	Up to every 4 months	NOTE 5	N/A		
Sulfasalazine	Every 12 months, unless patient is at high risk of toxicity in which case monitoring may be more frequent as per shared care	Every 12 months, unless patient is at high risk of toxicity in which case monitoring may be more frequent as per shared care	N/A	N/A		
Ciclosporin	4 weekly monitoring as per shared care	4 weekly monitoring as per shared care	N/A	N/A		
Hydroxychloroquine	Annual eye assessment (ideally including optical coherence tomography) if continued for ≥5 years (see RCO advice[8]) No routine laboratory monitoring is required for hydroxychloroquine	Annual eye assessment (ideally including optical coherence tomography) if continued for ≥5 years (see RCO advice[8]) No routine laboratory monitoring is required for hydroxychloroquine	N/A	N/A		

NOTES		REF:
1	Assess with each patient whether it is safe to increase the time interval between blood tests for drug monitoring, particularly if 3-monthly blood tests have been stable for more than 2 years.[3]	3
2	Members may need to be flexible about blood testing for patients on stable DMARDs in the current pandemic. It is usually safe to reduce blood testing frequency to three-monthly or even less in stable patients. Departments will need to review cases on an individual basis and weigh up the risks of continuing without blood testing, compared to the benefit of staying on DMARDS[4]	4
3	Assess whether it is safe to increase the time interval between blood tests for drug monitoring in patients who are stable on treatment. Take into account the patient's age and any co-morbidities[5]	5
4	For patients who are stable on treatment, assess whether it is safe to do less frequent blood tests for drug monitoring. Take into account the patient's age and any comorbidities.[9]	9
5	For patients who have been advised to shield, making blood monitoring difficult, assess whether it is safe to increase the time between blood tests for drug monitoring if their clinical condition is stable on treatment[10]	10

Renal transplantation - For patients who are stable on their immunosuppressant regimen, liaise with specialist teams whether it is safe to do less frequent blood tests for routine monitoring COVID 19 rapid guideline: renal transplantation NICE guideline Published: 19 June 2020 www.nice.org.uk/guidance/ng178

References

1. West Essex Monitoring High Risk Drugs in Primary Care https://westessexccg.nhs.uk/your-health/medicines-optimisation-and-pharmacy/shared-care-medicines/261-high-risk-drug-monitoring/file
2. PAH local clinician advice in personal emails
3. COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders NICE guideline Published: 3 April 2020 www.nice.org.uk/guidance/ng167 Accessed 16.4.20
4. BSR COVID-19: guidance for rheumatologists https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members Accessed 16.4.20
5. COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response NICE guideline Published: 9 April 2020 www.nice.org.uk/guidance/ng169 Accessed 16.4.20
6. BAD: Dermatology Advice Regarding Self-Isolation and Immunosuppressed Patients: Adults, Paediatrics and Young People; 6. Guy's and St Thomas': Safe Prescribing and Monitoring Protocol for Systemic immunomodulatory therapies for immune-mediated inflammatory skin disease in the context of Coronavirus (COVID-19) https://www.bad.org.uk/healthcare-professionals/covid-19/covid-19-immunosuppressed-patients
7. BSG expanded consensus advice for the management of IBD during the COVID-19 pandemic https://www.bsg.org.uk/covid-19-advice/bsg-advice-for-management-of-inflammatory-bowel-diseases-during-the-covid-19-pandemic/ Accessed 16.4.20
   https://www.sps.nhs.uk/articles/hydroxychloroquine-used-as-a-dmard-drug-monitoring-during-covid-19-for-stable-patients/
8. Hydroxychloroquine and chloroquine retinopathy: Recommendations on monitoring. Royal College of Ophthalmologists. Jan 2020. [Accessed 8.4.20] https://www.rcophth.ac.uk/wp-content/uploads/2020/02/HCR-Recommendations-on-Monitoring.pdf updated Dec 2020 accessed 09/03/2021
9. COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response NICE guideline Published: 23 April 2020 www.nice.org.uk/guidance/ng172
10. COVID-19 rapid guideline: interstitial lung disease NICE guideline Published: 15 May 2020 www.nice.org.uk/guidance/ng177

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June 2020 Added interstitial lung disease indication to mycophenolate with note 6 based on recommendation in Covid-19 rapid guideline: interstitial lung disease.
Extended expiry date Sept 2020
July 2020 Added Renal transplantation on recommendation within COVID 19 rapid guideline: renal transplantation NICE guideline Published: 19 June 2020 www.nice.org.uk/guidance/ng178
March 2021 Removed SPS column and associated note and references version 3. Valid until Sept 2021