

Covid-19

----- Guidance for practices



Date: 27.5.2020

Please be aware that this is a rapidly evolving situation.

Medicines management: drug monitoring during the Covid-19 pandemic

In general practice there are a lot of drugs that are prescribed that require monitoring. This may include measuring levels of the drug itself in the body; reviewing blood, renal or liver function; or undertaking physical measurements such as blood pressure and weight.

Drug monitoring needs to be reviewed during the Covid-19 pandemic in order to reduce the number of patient visits to the surgery and to preserve capacity. There are drugs prescribed in general practice that require monitoring because they have a narrow therapeutic index or are potentially harmful. How do we safely manage these patients in our current circumstances?

An important source of advice on drug monitoring during the Covid-19 pandemic can be found on the [Specialist Pharmacy Service](#) (SPS) website which is being constantly updated. Our advice is to review your drug monitoring and consult the SPS website frequently. For up-to-date information see their [Guidance on management of drugs requiring monitoring during Covid-19](#).

Overall, drug monitoring during the Covid-19 pandemic needs to be prioritised for patients that will gain most benefit, i.e.:

- Those at risk of a serious adverse drug event that can be identified through monitoring.
- People taking a narrow therapeutic index drug during a phase when intensive monitoring is still required (e.g. upon initiation).
- Patients who have recently had an illness that may have impacted on how their drug works.

Anticoagulation

- International normalised ratio (INR) monitoring for patients on [warfarin](#) remains essential but consideration needs to be given to the frequency of testing and whether patient could be transferred onto [DOACs](#)

Monitoring of disease-modifying anti-rheumatic drugs (DMARDs)

The SPS website gives advice on drug monitoring in primary care during Covid-19 for DMARDs in stable patients for:

- Azathioprine
- Mercaptopurine
- Methotrexate
- Penicillamine

Covid-19

----- Guidance for practices



For this group of drugs [normal monitoring](#) recommendations are:

- patients on any one these medicines will require some form of blood or urine monitoring frequently; and
- monitoring intervals are usually every three months.

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

- Where DMARD use has been successful and stable for longer than 12 months, consider extending the monitoring interval to up to every six months.
- However, do not consider extending the interval if patient has:
 - poor renal function with CKD ≤ 3 ;
 - severe liver disturbance or abnormal liver results due to DMARDs within previous three months; and/or
 - severe abnormal WBC results due to DMARDs within previous three months.

Advice on drug monitoring for other medicines during Covid-19 is [here](#). Advice can be found on the following drugs:

[Sulfasalazine](#)

[Hydroxychloroquine](#)

[Ciclosporin](#)

[Leflunomide and mycophenolate mofetil.](#)

This SPS monitoring guidance needs also to be used in the context of your local shared care pathways, the guidance of your local medicines management committee and local pharmacists. So this advice must be used in the your local context - subject to local clinical governance and local resources, including expertise and support.

In addition NICE has produced a rapid Covid-19 guide for [rheumatological autoimmune, inflammatory and metabolic bone disorders](#).

SPS summarised advice on injectable medicines commonly used in primary care

[Corticosteroid injections](#)

[Testosterone injections](#)

Useful resources

- [SPS summary of Covid-19 medicines recommendations from professional bodies.](#)
- [NICE Covid-19 guidance.](#)