

Monitoring of shared care medicines during the COVID-19 pandemic.

Resources for monitoring (e.g. blood tests) are likely to be reduced as personnel and services are diverted and steps are being taken to reduce unnecessary travel.

There will be many patients who have been on the same medication for a significant period of time with adequate disease control and blood monitoring has remained satisfactory. For these patients it may be possible to safely increase the time interval for blood monitoring on a case-by-case basis. For the purpose of this guidance, these patients will be referred to as ‘stable’ and defined as being **on the same dose of medication for the preceding 3 months or more and review of the last two sets of blood test were satisfactory.**

For all other patients where there has been a recent increase in dose, a new medication has been initiated or previous blood monitoring results were not satisfactory, please follow routine blood monitoring as per [shared care protocol](#).

Drug	Routine monitoring requirement*	Interim guidance on monitoring requirement during COVID-19 pandemic for patients who are ‘stable’
Azathioprine and 6-mercaptopurine	FBC, LFTs, creatinine and U&Es - every three months ESR and CRP - every six months	FBC, LFTs, creatinine and U&Es - every four months if it is practical to attend for blood tests If the patient is currently “shielding” (for 12 weeks as per latest guidance), then defer for 12 weeks. ESR and CRP – please ensure this is done at the same time with one set of test.
Ciclosporin	FBC, LFTs, creatinine and U&Es - every three months Blood lipids - every six months ESR and CRP - every six months	FBC, LFTs, creatinine and U&Es - every four months if it is practical to attend for blood tests If the patient is currently “shielding” (for 12 weeks as per latest guidance), then defer for 12 weeks. Blood lipids, ESR and CRP – please ensure this is done at the same time with one set of tests. Patients to self monitor blood pressure
Denosumab	Plasma calcium concentration One to three weeks before each denosumab injection. May be more frequent in patients with severe renal impairment Creatinine clearance One to three weeks before each denosumab injection	Plasma calcium concentration -may not be required if calcium and vitamin D supplementation already prescribed and patient is taking the medicine as prescribed. Please ensure that patient receives their denosumab when the next dose is due i.e. do not defer injection
Dronedarone Products of low clinical effectiveness, where there is a lack of robust evidence of	LFTs - monthly for 6 months and then every three months for 6 months and periodically thereafter	As per routine monitoring

clinical effectiveness or there are significant safety concerns.		
Leflunomide	FBC, LFTs, creatinine and U&Es - every three months ESR and CRP - every six months	FBC, LFTs, creatinine and U&Es - every four months if it is practical to attend for blood tests If the patient is currently "shielding" (for 12 weeks as per latest guidance), then defer for 12 weeks. ESR and CRP – please ensure this is done at the same time with one set of test.
Methotrexate	FBC, LFTs, creatinine and U&Es – every three months ESR and CRP – every six months	FBC, LFTs, creatinine and U&Es – every four months If the patient is currently "shielding" (for 12 weeks as per latest guidance), then defer for 12 weeks. ESR and CRP – please ensure this is done at the same time with one set of test.
Mycophenolate mofetil	FBC, LFTs, creatinine and U&Es – every three months ESR and CRP – every six months	FBC, LFTs, creatinine and U&Es – every four months If the patient is currently "shielding" (for 12 weeks as per latest guidance), then defer for 12 weeks. ESR and CRP – please ensure this is done at the same time with one set of test.
Riluzole	FBC - Monthly for the first three months, then every 3 months for nine months and annually thereafter.	As per routine monitoring
Sodium Aurothiomalate (Gold injection)	FBC, LFTs, creatinine and U&Es - every three months MSU dipstick for blood and protein – before each dose	FBC, LFTs, creatinine and U&Es - every four months If the patient is currently "shielding" (for 12 weeks as per latest guidance), then defer for 12 weeks. MSU dipstick for blood and protein – before each dose
Sulfasalazine	FBC, LFTs, creatinine and U&Es – every three months Monitoring only required during the first 12 months of treatment.	Please note that monitoring is only required during the first 12 months of treatment. If the patient has been on treatment for less than 12 months then FBC, LFTs, creatinine and U&Es may be delayed for a further one month if it is practical for the patient to attend for a blood test If the patient is currently "shielding" (for 12 weeks as per latest guidance), then defer for 12 weeks.

*More frequent monitoring may be required in some clinical circumstances, this will be advised by the hospital.