# 43FM.1.2 CONVENTIONAL DISEASE MODIFYING ANTI-RHEUMATIC DRUG (cDMARD) USE IN RHEUMATOLOGY, DERMATOLOGY, GASTROENTEROLOGY AND RESPIRATORY PATIENTS DURING THE COVID-19 PANDEMIC

**PLEASE NOTE: MARCH 2021 IMPORTANT UPDATE: From 1st April 2021, the monitoring advice in this guidance will be reverted back to the monitoring described in the shared care protocols for each of these drugs. Please note, the section on actions to take when patients on DMARDs are known or suspected to have COVID-19 continues to be applicable. If necessary in the future, the monitoring advice in this document may be reintroduced but will be clearly communicated and indicated in this document.**

## Contents



## Patients not known to have COVID-19

- All patients, including those aged <16 years, should continue to take their medication (including DMARDs and corticosteroids) unless directed otherwise by their specialist or GP[1, 7, 8, 9, 10]. Signpost patients to the **Patient Advice** listed below.
- Based upon British Society for Rheumatology (BSR) 2017 guidance[2], CURRENT Buckinghamshire DMARD shared care protocols (SCPs) (Table 1 below) extend the monitoring interval for **stable patients** to **every three months** (except for ciclosporin, hydroxychloroquine and penicillamine). **Any patient eligible for (but not monitored) 3 monthly should have their blood monitoring interval extended to 3 monthly without discussion with the specialist**. To support this, specialists will confirm drug monitoring frequency in clinic letters to GPs and patients following clinic appointments.

### DMARD blood monitoring during the COVID-19 pandemic

The BSR, National Institute for Health and Care Excellence (NICE) and other national/professional bodies[1, 3, 4, 5, 6] recommend that there may need to be flexibility about blood testing for patients on **stable DMARDs** and that departments will need to review cases on an individual basis. Buckinghamshire Healthcare NHS Trust (BHT) Rheumatology, Dermatology, Gastroenterology and Respiratory specialties have responded by issuing the following guidance.

**Table 1. DMARD monitoring during COVID-19 for which <u>there is no change to current Bucks guidance</u>**

More frequent monitoring may be appropriate for patients at higher risk of toxicity (see risk factors below) and DMARDs used with biologics/Janus kinase (JAK) inhibitors etc. The specialist will advise the GP if this is necessary.

| Drug | CURRENT monitoring in Bucks SCPs (based on BSR 2017) |
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| **Azathioprine (AZA), leflunomide (LEF), mercaptopurine (MCP), methotrexate (MTX), mycophenolate (MMF)** | • **Initiation**: Full blood count (FBC), creatinine clearance (CrCl) or estimated glomerular filtration rate (eGFR), albumin and alanine transaminase (ALT) every 2 weeks until dose remains unchanged (stable) for 6 weeks.<br>• Thereafter, monthly FBC, creatinine, eGFR, albumin and ALT **for 3 months.**<br>• Thereafter, FBC, urea and electrolytes (U&E), albumin and ALT **<u>every 3 months</u>**.<br>• **Dose increase**: FBC, creatinine, eGFR, albumin and ALT every 2 weeks until on stable dose for 6 weeks, then revert back to previous schedule. This will be initiated by the specialist.<br>• **MTX and LEF**: **<u>Monthly</u>** blood tests for 12 months before it can be reduced in frequency. The specialist will advise the GP on the monitoring necessary when the patient is transferred back to primary care.<br>• **C-reactive protein (CRP) or erythrocyte sedimentation rate (ESR)** every 3 to 6 months depending on disease activity as advised by the specialist. |
| **Ciclosporin (CSA)** | • Blood pressure (BP): Every 2 weeks for 2 months, then **<u>monthly</u>** U&Es including creatinine/eGFR: Every week for 1 month, every 2 weeks for 1 month, then **<u>monthly</u>** (more frequently if dose increased or concomitant NSAIDs introduced or increased).<br>• Liver function tests (LFTs), FBC, ESR or CRP: **<u>Monthly</u>**.<br>• Fasting cholesterol and triglycerides (TGs): At baseline, after one month then **<u>every 6 months</u>**. |
| **Hydroxychloroquine (HCQ)** | **<u>Annual</u>** renal function |
| **Penicillamine (PEN)** | • Urinalysis (checking for protein in blood): every week until dose is stable and then **<u>monthly</u>**.<br>• FBC, ALT, albumin, creatinine/ calculated eGFR: Every 2 weeks for 2 months or until dose is stable, and then **<u>monthly</u>**.<br>• CRP or ESR: **<u>Every 3 - 6 months</u>** depending on disease activity as advised by specialist. |

**Table 2. Bucks SCP DMARD monitoring <u>which has changed</u> during the COVID-19 pandemic**

This applies to:

- **Stable DMARDs** (patients who have been on current treatment for >12 months and taking a stable dose for >12 months with NORMAL blood test results, without risk factors for drug toxicity (below).
- All dermatology, gastroenterology and respiratory indications included in Bucks DMARD SCPs.
- Rheumatology patients with **inflammatory arthritis only**: Rheumatoid arthritis, psoriatic arthritis, undifferentiated inflammatory arthritis, sero-negative spondyloarthropathies, juvenile idiopathic arthritis.

It does NOT apply to:

- Rheumatology patients with vasculitis or connective tissue disorders.
- DMARD plus biologic/JAK inhibitor etc.

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|---|---|
| **MTX, Sulfasalazine (SSZ), HCQ** | **Combination DMARDs**: **<u>3 monthly</u>** without seeking specialist advice<br>• MTX plus HCQ<br>• MTX plus SSZ<br>• MTX plus HCQ plus SSZ<br>**Low dose MTX (≤12.5 mg/week**) **<u>up to 6 monthly</u>** if first agreed with specialist. |
| **SSZ** | • FBC, ALT, ALB, creatinine/calculated eGFR every 2 weeks until dose remains unchanged for 6 weeks<br>• Thereafter every month for 3 months<br>• Thereafter, **<u>every 3 months for 12 months</u>**<br>• Thereafter **<u>every 12 months</u>**<br>• **After dose increase**, blood tests should be monitored 2 weekly for 6 weeks followed by return to the previous schedule. This will be initiated by the specialist. |

**Risk factors for DMARD toxicity identified by the BSR[3]**

Patients with the following risk factors require more frequent blood monitoring. Discuss with the specialist:

- Extremes of weight (body mass index (BMI) <18 or >30 kg/m$^2$)
- Renal impairment (chronic kidney disease (CKD) stage 3 or higher)
- Pre-existing liver disease (e.g. non-alcoholic fatty liver disease (NAFLD))
- Significant other medical co-morbidity (e.g. malignancy)
- Old age (>80 years)
- Previous DMARD toxicity

**<u>Action to take when patients on DMARDs are known or suspected to have COVID-19</u>[1, 7, 8, 9, 10]**

**A. DMARDs**

**Hydroxychloroquine, sulfasalazine:** Continue treatment.

**Azathioprine, ciclosporin, leflunomide, mercaptopurine, methotrexate, mycophenolate, penicillamine:**

1. Temporarily stop treatment[1, 4, 9]. Patients with gastrointestinal or liver conditions should first seek specialist advice [7].
2. Urgently contact the specialist if the patient has interstitial lung disease (ILD), gastrointestinal or liver conditions or if there are other concerns.
3. Contact specialist for advice about when to re-start treatment.
4. No blood tests are needed.

**B. Corticosteroids[1, 4, 7, 9, 12]**

5. Do not suddenly stop long term injectable, oral or rectal corticosteroids.
6. Contact the specialist for urgent advice before changing or stopping corticosteroids.

## Patient advice

### Rheumatology patients

- Versus Arthritis guide for patients
  https://www.versusarthritis.org/covid-19-updates/covid-19-assessing-your-risk/
- Buckinghamshire Healthcare NHS Trust (BHT) Rheumatology patients and COVID-19.
  https://www.buckshealthcare.nhs.uk/Downloads/AA_COVID_19/COVID_19_Patient%20advice/200320_Rheum%20patient%20QnA.pdf

### Gastroenterology patients

- Crohn's and colitis UK
  https://www.crohnsandcolitis.org.uk/
- Inflammatory bowel disease (IBD patients): Contact the BHT IBD helpline on 01494 315105 for individual advice in the first instance.

### Dermatology patients

- The British Association of Dermatologists (BAD) COVID-19 patients' hub
  https://www.skinhealthinfo.org.uk/news-media/

## BHT back-up information/advice

| Contact Details | Wycombe and Amersham | Stoke Mandeville |
|---|---|---|
| **Dermatology** | Email:<br>bht.dermatologysecretaries@nhs.net<br><br>**If urgent:** 09:00 – 17:00 contact on-call registrar or consultant via switchboard: 01494 526161 | Email:<br>bht.dermatologysecretaries@nhs.net<br><br>**If urgent:** 09:00 – 17:00 contact on-call registrar or consultant via switchboard: 01296 315000 |
| **Rheumatology** | **Advice and guidance via Electronic Referral System (ERS)**<br>**Routine queries:**<br>Email: bht.rheumatology@nhs.net or<br>**Specialist Nurse Helpline:**<br>01296 315960 (may take 48 hours for response)<br><br>**Urgent queries:**<br>Contact Rheumatology secretaries 01296 316664 for the Rheumatologist of the week (ROW). | **Advice and guidance via ERS**<br>**Routine queries:**<br>Email: bht.rheumatology@nhs.net or<br>**Specialist Nurse Helpline:**<br>01296 315960 (may take 48 hours for response)<br><br>**Urgent queries:**<br>Contact Rheumatology secretaries 01296 316664 for the ROW. |
| **Respiratory Medicine** | | **Chest Office:**<br>01296 315686 / 315687 |
| **Gastroenterology** | **Routine queries:**<br>Advice and guidance via ERS<br>**Urgent queries:**<br>via switchboard, bleep 543<br>**Gastroenterology secretaries:**<br>Email: buc-tr.whgastro@nhs.net<br><br>**Dedicated IBD patient helpline:**<br>01296 315105 | **Routine queries:**<br>Advice and guidance via ERS<br>**Urgent queries:**<br>via switchboard, bleep 543<br>**Gastroenterology secretaries:**<br>Email: buc-tr.smgastro@nhs.net<br><br>**Dedicated IBD patient helpline:**<br>01296 315105 |
| **Medicines Resource Centre** | Email: bucks.medicinesresourcecentre@nhs.net<br>Tel: 01494 425355 (Monday to Friday 0900 to 1700) | |

**Websites for reporting COVID-19 patients by Specialty (for use by healthcare professionals)**

- COVID-19 rheumatology patients: https://rheum-covid.org/
- COVID-19 in psoriasis patients: https://psoprotect.org/?_cldee=YW1hbGVpc3NhQGdtYWlsLmNvbQ%3D%3D&recipientid=contact-5e88a6c658f8e61180e43863bb35cfc8-50d3d2f6455c4ff08c2d17eefc4be86d&esid=14c2b95e-7590-ea11-a811-000d3a2abfac
- COVID-19 in atopic eczema patients: https://www.covidderm.org/login/?next=/insight/

**References**


1. British Society for Rheumatology (BSR) COVID-19 Guidance for Rheumatologists updated 6th May 2020 https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members
2. Rheumatology 2017; 56:865_868. BSR and BHIPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs 2017. https://academic.oup.com/rheumatology/article/56/6/865/3053478
3. BSR COVID-19 - Identifying patients for shielding in England 24th March 2020. https://www.rheumatology.org.uk/Portals/0/Documents/Rheumatology_advice_coronavirus_immunosuppressed_patients_220320.pdf?ver=2020-03-22-155745-717
4. NICE NG167 COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders published 3rd April 2020 updated 30th April 2020 https://www.nice.org.uk/guidance/NG167
5. NHS England Publication reference 001559 Clinical guide for the management of Rheumatology patients during the coronavirus pandemic 8th April 2020 v.2
6. NHS England Clinical guide for the management of patients with musculoskeletal and rheumatic conditions on corticosteroids during the coronavirus pandemic version 1 25th March 2020.
7. NICE NG172: Gastrointestinal and liver conditions treated with drugs affecting the immune response — updated 23 April 2020
8. British Society of Gastroenterology expanded consensus advice for the management of IBD during the COVID-19 pandemic updated 6 April 2020 https://www.bsg.org.uk/covid-19-advice/bsg-advice-for-management-of-inflammatory-bowel-diseases-during-the-covid-19-pandemic/
9. NICE NG169: Dermatological conditions treated with drugs affecting the immune response — updated 30 April 2020 https://www.nice.org.uk/guidance/ng169/chapter/4-Patients-known-or-suspected-to-have-COVID-19
10. British Thoracic Society (BTS) Advice for Managing Interstitial Lung Disease Patients during COVID-19 pandemic https://www.brit-thoracic.org.uk/document-library/quality-improvement/covid-19/bts-management-advice-for-ild-patients/
11. NICE NG 168 COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease (COPD) Published date: 9 April 2020 https://www.nice.org.uk/guidance/ng168/chapter/2-Treatment-and-care-planning#corticosteroids
12. BSR COVID-19: guidance for rheumatologists updated May 6th 2020. Patients on long-term steroids at risk of adrenal suppression https://www.rheumatology.org.uk/news-policy/details/Covid19-Coronavirus-update-members


**Links to current Buckinghamshire DMARD shared care protocols and guidelines:**

Guideline 787FM Azathioprine for use in Rheumatology, Dermatology, Gastroenterology and Respiratory Medicine
Guideline 788FM Ciclosporin for use in Rheumatology and Dermatology
Guideline 790FM Leflunomide for use in Rheumatology
Guideline 115FM Mercaptopurine for use in Gastroenterology
Guideline 794FM Methotrexate for use in Rheumatology, Dermatology, Gastroenterology and Respiratory Medicine
Guideline 221FM Mycophenolate Mofetil for use in Rheumatology and Dermatology
Guideline 799FM Penicillamine for use in Rheumatology
Guideline 798FM Sulfasalazine for use in Rheumatology and Gastroenterology

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| Title of Guideline | Conventional DMARD use in Rheumatology, Dermatology, Gastroenterology and Respiratory Patients during the COVID-19 Pandemic |
| Guideline Number | 43FM |
| Version | 1.2 |
| Effective Date | April 2021 |
| Review Date | April 2024 |
| Amended | 28th and 2nd June May 2020 and 1st April 2021 |
| Original Version Produced | May 2020 |
| *Approvals:* | |
| Buckinghamshire COVID-19 Governance Committee | 11th May 2020 |
| Clinical Guidelines Subgroup | 21st May 2020 |
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| SDU(s)/Department(s) responsible for updating the guideline | Rheumatology, Dermatology, Gastroenterology, Respiratory Medicine, Pharmacy |
| Uploaded to Intranet and www.bucksformulary.nhs.uk | 27th May, 28th May, 2nd June 2020 and 1st April 2021 |
| Buckinghamshire Healthcare NHS Trust/NHS Buckinghamshire Clinical Commissioning Group. | |