CCG Medicines Optimisation COVID-19 Primary Care Advice Bulletin: Drug Therapies used in Rheumatologic Conditions (This includes Disease Modifying Anti Rheumatic Agents (DMARDs), corticosteroids and bone protective agents)

This guidance has been produced to support the pragmatic management in primary care of patients with rheumatologic conditions during the COVID-19 pandemic, including patients whom have been identified to 'shield'. The content is based on the following national recommendations at time of publication following consultation with local specialists and is regularly monitored and updated by the medicines optimisation team:

- NICE rapid COVID-19 guideline [https://www.nice.org.uk/guidance/NG167](https://www.nice.org.uk/guidance/NG167)
- NHSE clinical guideline on the management of rheumatology patients during the coronavirus pandemic
- NHSE clinical guideline on the management of patients with musculoskeletal and rheumatic conditions during the coronavirus pandemic.
- UK Department of Health, 'Shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19'
- British Society of Rheumatology (BSR) COVID-19: guidance for rheumatologists

**How do I manage patients on DMARDs during the COVID-19 pandemic?**

Please refer to the table below for the DMARD local monitoring frequency recommendations agreed with local specialists (based on SPS guidance) in stable patients (particularly those under shared care and/or stable for ≥ 2 years) during the COVID-19 pandemic. Stable patients are defined as ‘those who have been on current treatment for >12 months and at a stable dose for >6 weeks’. The table also provides information on stopping/continuing DMARDs in patients with known or suspected COVID-19 infection (NICE):

<table>
<thead>
<tr>
<th>DMARD</th>
<th>Frequency of routine laboratory monitoring during COVID-19</th>
<th>Action if known or suspected COVID-19 infection?</th>
<th>Shared care guideline (SCG) (BHT – Bedford Hospital) (L&amp;D – Luton &amp; Dunstable University Hospital) (MKUH – Milton Keynes University Hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azathioprine*</td>
<td>Can be extended up to 6 monthly</td>
<td>Temporarily stop – seek specialist advice</td>
<td>BHT &amp; L&amp;D DMARD SCG MKUH DMARD SCG</td>
</tr>
<tr>
<td>Ciclosporin</td>
<td>Can be extended up to 2 monthly</td>
<td>Temporarily stop – seek specialist advice</td>
<td>MKUH DMARD SCG</td>
</tr>
<tr>
<td>Hydroxychloroquine*</td>
<td>No routine laboratory monitoring is required</td>
<td>Continue</td>
<td>BHT &amp; L&amp;D DMARD SCG MKUH DMARD SCG</td>
</tr>
<tr>
<td>Leflunomide*</td>
<td>Can be extended up to 4 monthly</td>
<td>Temporarily stop – seek specialist advice</td>
<td>BHT &amp; L&amp;D DMARD SCG MKUH DMARD SCG</td>
</tr>
<tr>
<td>Methotrexate*</td>
<td>Can be extended up to 4 monthly</td>
<td>Temporarily stop – seek specialist advice</td>
<td>BHT &amp; L&amp;D DMARD SCG MKUH DMARD SCG</td>
</tr>
<tr>
<td>Mercaptopurine*</td>
<td>Can be extended up to 6 monthly</td>
<td>Temporarily stop – seek specialist advice</td>
<td>-</td>
</tr>
<tr>
<td>Penicillamine*</td>
<td>Can be extended up to 3 - 6 monthly</td>
<td>Temporarily stop – seek specialist advice</td>
<td>-</td>
</tr>
<tr>
<td>Sulfasalazine</td>
<td>No routine laboratory monitoring is required</td>
<td>Continue</td>
<td>BHT &amp; L&amp;D DMARD SCG MKUH DMARD SCG</td>
</tr>
</tbody>
</table>

*Extending drug monitoring intervals is NOT recommended for patients who have:

- poor renal function with CKD ≥ 3
- severe liver disturbance or abnormal liver results due to DMARDs within previous 3 months
- severe abnormal WBC results due to DMARDs within previous 3 months

*Consider rescheduling annual eye assessment with ophthalmologist advice

- Intervals may need to be more frequent if the patient is at higher risk of toxicity
- MKUH DMARD SCG also the covers management of DMARDs: Mepacrine, Minocycline, Mycophenolate and Sodium aurothiomalate (GOLD)
- BHT & L&D DMARD SCG also covers the management of DMARDs: Mycophenolate
How do I manage patients with known or suspected COVID-19 infection?

- Patients must not suddenly stop prednisolone.
- Be aware that patients having immunosuppressant treatments may have atypical presentations of COVID-19. For example, patients taking prednisolone may not develop a fever, and those taking interleukin-6 inhibitors may not develop a rise in C-reactive protein.
- Patients can continue hydroxychloroquine and sulfasalazine if they are infected with coronavirus (see table above)
- If a patient is infected with coronavirus, they should temporarily stop their conventional DMARDs (see table above), JAK inhibitors and biological therapies. They should contact the rheumatology team for further advice about when to restart treatment.
- When a patient can restart DMARDs, a routine laboratory test is recommended after self-isolation and within two weeks of re-starting medication. If results are normal, it is advised to revert to monitoring at extended interval; if abnormal—seek specialist advice
- Patients can take paracetamol or ibuprofen (assuming that there are no cautions/contra-indications to use) when self-medicating for symptoms of COVID-19, such as fever and headache, and should follow NHS advice if they have any questions or if symptoms get worse (CMO advice)

Which patients should be ‘shielded’?
The British Society of Rheumatology (BSR) ‘Identifying patients for shielding in England COVID-19’ guidance on immunosuppressive medication (azathioprine, leflunomide, methotrexate, mycophenolate (mycophenolate mofetil or mycophenolic acid), ciclosporin, cyclophosphamide, tacrolimus, sirolimus) recommend that the following patient groups should be shielded:

- Patients on a corticosteroid dose of ≥20mg (0.5mg/kg) prednisolone (or equivalent) per day for more than four weeks
- Patients on a corticosteroid dose of ≥5mg prednisolone (or equivalent) per day for more than four weeks plus at least one other immunosuppressive medication, biologic/monoclonal or small molecule immunosuppressant
- Cyclophosphamide at any dose orally or if given via intravenous route within the last six months
- Any two agents among immunosuppressive medications, biologics/monoclonals or small molecule immunosuppressants with any co-morbidity as defined in the guidance ‘Identifying patients for shielding in England COVID-19’

How are patients being contacted about ‘shielding’?

- NHS England have asked Trust providers to identify and contact patients on biologic therapies/monoclonals, small molecule immunosuppressants or cyclophosphamide infusions
- GP practices are being contacted by NHS digital on the practice searches required at local level, e.g. patients on dual immunosuppressant therapy and/or high dose steroids. Further information can be found on the GP Ref COVID-19 information webpage.

What other factors are there to consider?

- Treatment with denosumab should not be postponed
- Treatment with zoledronate can be postponed for up to 6 months
- Vitamin D supplementation (self-care) is recommended for individuals who are not regularly going out of the house and therefore not in contact with direct sunlight
- NHSE and NHSI have endorsed the MSK self-management guidance for patients
- The prescribing and supply of injectable corticosteroids is currently managed by the Trust specialist teams. NICE states that injectable corticosteroids should only be given if a patient has significant disease activity and there are no alternatives (refer to NHSE clinical guideline). During the pandemic, there may be exceptional circumstances whereby the Trust contacts the GP to prescribe.

Who do I contact for further advice?

For advice on the clinical management of rheumatologic conditions please contact the respective Trust rheumatology team; for medicines related advice please contact your CCG medicines optimisation teams.

Bedfordshire CCG: BEDCCG.bedsmeds@nhs.net  BHT Rheumatology team: 01234 792280
Luton CCG: lutonccg.prescribing@nhs.net  L&DH Rheumatology team: 01582 718305
Milton Keynes CCG: mkccgpharmacy@nhs.net  MKUH Rheumatology team: 01908 996602

Bedfordshire Clinical Commissioning Group
Luton Clinical Commissioning Group
Milton Keynes Clinical Commissioning Group

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