



## Prescribing and monitoring of Disease Modifying Anti-rheumatic Drugs (DMARDs) during the COVID – 19 Pandemic

The CCG prescribing and Medicines management team have worked with colleagues at NGH and KGH to produce the following advice which is in line with NICE and CQC guidance.

**This states that the monitoring interval for stable patients on Amber 1 DMARD drugs may be safely extended from 1 month to 3 months.**

We are also hoping to be able to publish updated interim shared care protocols in the very near future.

### General Advice

**All patients on DMARDs are advised to practice social distancing.** Although being on a DMARD alone will not result in advice to shield, many will be regarded as vulnerable and will have been advised to be shielded. Secondary care colleagues are working to identify those most at risk who will receive advice on shielding from secondary care.

### Prescribing

- Patients should continue their DMARD medications unless symptomatic with infection
- If a patient is symptomatic they should stop DMARDs , apart from hydroxychloroquine and sulfasalazine until symptoms are resolved.
- **NB TRANSPLANT patients receiving an immunosuppressant must NOT be stopped unless directly sanctioned by the transplanting centre.**
- Do not stop steroids abruptly.
- Some patients may wish to stop their DMARDs if they are concerned or at high risk of Covid-19. However steroid treatment for disease flares is also immunocompromising and some patients may risk organ damage off treatment. **We strongly recommend that any plan to stop treatment is discussed with patients' secondary care teams.**
- 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.

### Monitoring

- The Shared Care Protocols for Amber 1 DMARDs have been revised and are available on the GP portal.
- **The majority of patients who are on a single DMARD who have had a stable dose for 3 months whose blood results have been stable for 3 months may be moved to 3 monthly monitoring for the duration of the current outbreak. If in doubt please contact secondary care.**

This edition is also available on GP Portal

#### Disclaimer

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- A letter has been sent to practices and patients from NGH rheumatology regarding reducing the frequency of blood testing to cope with the COVID restrictions. A copy is available in the medicines management section of the GP portal.
- Patients being managed by KGH clinicians who are suitable for 3 monthly monitoring are being identified via the DAWN system and individual letters will be sent to suitable patients and their GP practices.
- There are changes to phlebotomy services at both acute trusts. For more information KGH click [here](#)  
NGH click [here](#)

### **Additional Advice**

- Patients with **Connective Tissue Disease, Vasculitis or Giant Cell Arteritis** should be directed to contact Rheumatology with any queries as their treatment and monitoring is highly individualised.
- These guidelines have been confirmed for patients with inflammatory arthritis (including rheumatoid arthritis, reactive arthritis, enteropathic arthritis and ankylosing spondylosis) who are clinically stable and where blood monitoring has been stable within range.
- NGH rheumatology helpline Phone 01604 544060 - option 2, [rheumatology.helpline@ngh.nhs.uk](mailto:rheumatology.helpline@ngh.nhs.uk)
- KGH Nurse led Telephone Helpline - 01536 492398  
GPs Contact KGH consultants via electronic advice and guidance (eA&G).
- NGH IBD helpline is open 2pm – 4.30pm daily 01604 545738  
Email advice [ibdAdvice.ngh@nhs.net](mailto:ibdAdvice.ngh@nhs.net) response time 24 hours Monday to Friday.
- More detail is available on the British Society of Rheumatology (BSR) website [link](#)
- Additional information for patients is available on [www.rheumatology.org.uk](http://www.rheumatology.org.uk) and on the rheumatology page of the NGH website [link](#)
- NICE COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders is [here](#)
- Advice for rheumatology patients is available from Versus Arthritis [link](#)
- Advice for IBD patients from the British Society of Gastroenterologists [link](#) and Crohn's and Colitis UK [link](#)
- Advice for dermatology patients from the British Association of Dermatologists [link](#)

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# DMARD Patient Decision Aid for Rheumatology Patients during Covid-19 outbreak

Patient requests DMARD prescription



Bloods have been done in previous 3 months and are in range  
(If uncertain check ICE to assess trends)



Yes



Prescribe



Bloods not in range

Patient has connective tissue disorder or vasculitis



Contact Rheumatology helpline for advice



Patient does not have connective tissue disorder or vasculitis



Exclude alternative diagnoses eg infection, malignancy



No alternative causes for blood abnormality identified



**STOP DMARD**  
Repeat bloods in 2 weeks  
Advise patient to contact Rheumatology

**NB TRANSPLANT patients receiving an immunosuppressant must NOT be stopped unless directly sanctioned by the transplanting centre.**

Contact Rheumatology for advice if uncertain.

NGH Rheumatology 01604 544060 - option 2, [rheumatology.helpline@ngh.nhs.uk](mailto:rheumatology.helpline@ngh.nhs.uk)

KGH Nurse led Telephone Helpline - 01536 492398

GPs Contact KGH consultants via electronic advice and guidance (eA&G).

GPs can also contact secretaries via this email - [Kgh-tr.rheumatologysecretaries@nhs.net](mailto:Kgh-tr.rheumatologysecretaries@nhs.net) if needed.

**If Rheumatology identify an issue they will contact the patient and GP directly.**

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