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NHS Cambridgeshire and Peterborough Clinical Commissioning Group

High Risk Drug Monitoring – What changes can be made during COVID-19

Drug	Indication	Link to Shared Care Guideline	Normal Monitoring recommendations. The full shared care guideline should still be consulted.	Monitoring Changes that could be considered during COVID-19	What to do if a patient has COVID-19 symptoms	Remain on routine monitoring
Transplant patients All suspected and confirmed COVID-19 transplant patients have to be reported to NHSBT. All cases of suspected COVID-19 in transplant patients must be immediately informed to their specialist team. It is this team who will make any decisions about stopping/continuing treatment. In general, these patients will continue with normal monitoring frequency. However, the specialist teams have contacted patients who are completely stable and advised them to postpone blood tests until after the end of the advised shielding sessions ends.						
Alemtuzumab	Relapsing-remitting MS	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10896&type=0&servicetype=1	FBC/U&E monthly and TFT every 3/12 until 48 months after last alemtuzumab infusion.	3 monthly FBC, U&E, LFTs, TFTs	There will be no further cycles of alemtuzumab during the COVID-19 pandemic.	All
Apomorphine	Parkinson's disease	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=12090&type=0&servicetype=1	FBC/U&E/RFT/LFT - 6-monthly - 1year.	No change	Continue as normal. If concerns re AKI, then manage with increasing oral fluids as per usual advice.	All

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Atomoxetine	ADHD – Adults ADHD - Children & young people	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10895&type=0&servicetype=1 https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10925&type=0&servicetype=1	Monitor HR, pulse and BP before and after each dose change, and every 6/12. Adults: Weight - measure 3 and 6 months after the start of treatment, and every 6/12 thereafter. For paediatric patients: Monitor height every 6/12. Monitor weight and appetite: Every 3/12 in children < 10 years. At 3 and 6 months after starting treatment in children over 10 years and every 6 months thereafter, or more often if concerns arise.	No change - existing patients can be monitored 6 monthly if dose stable (remote BP, pulse, height and weight could be considered where possible).	Continue as normal.	All.
Azathioprine	All adult indications included in the SCG	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=13167&type=0&servicetype=1	FBC and LFTs every 2 weeks for 2 months then monthly for four months, then if stable three-monthly thereafter. CRP every 3 months to access response to treatment. U&Es, creatinine and renal function 6-monthly.	Where DMARD use has been successful and stable consider extending the monitoring interval to up to every 3 months. In exceptional circumstances where greater than 3-month contact the specialist	Immediately inform specialist responsible for patient's care who will make an individual decision regarding stopping/continuing treatment considering risk vs benefit to individual	Extending blood monitoring is not suitable if the patient is not stable on treatment or: •has CKD ≥ 3 •has severe liver disturbance / WBC or abnormal liver results previously

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Azathioprine	Paediatrics - IBD Paediatrics - Auto-immune hepatitis	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10937&type=0&servicetype=1	FBC, U&Es and LFTs (inc GGT) - Month 1: Weekly (until 4 weeks on a stable dose). Month 2: Fortnightly. Month 3: Monthly Month 4 onwards: at least 3-monthly. CRP and ESR - With above bloods at week 1, 6 and 12. Thereafter, at least 3-monthly.	No change	Immediately inform specialist responsible for patient's care who will make an individual decision regarding stopping/continuing treatment considering risk vs benefit to individual	All
Ciclosporin	IBD	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=13168&type=0&servicetype=1	Renal function, LFTs, U&Es, FBC and BP - monthly. Ciclosporin levels (Whole blood trough levels. Target 150-250mcg/L).	No change	Immediately inform specialist responsible for patient's care who will make an individual decision regarding stopping/continuing treatment considering risk vs benefit to individual	All

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Ciclosporin	Dermatoses, Rheumatic diseases	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=20606&type=0&servicetype=1	Every 2 weeks for 3 months then monthly: -Renal function, U&Es (serum creatinine, calculated eGFR). -Check BP and urinalysis every time the patients attends for blood monitoring and maintain BP ≤ 140/90mmHg. -Check more frequently than monthly if there is a rise in creatinine or BP. At least every 3 months or more frequently if abnormal: FBC, LFTs, Urate and Lipids.	No change	Immediately inform specialist responsible for patient's care who will make an individual decision regarding stopping/continuing treatment considering risk vs benefit to individual	All
Cinacalcet	Secondary hyperparathyroidism in patients with chronic renal failure.	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=16035&type=0&servicetype=1	All monitoring will be performed by the hospital specialist.	No change.	There would be no need to stop Cinacalcet in case a patient falls ill with COVID-19.	All.

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Clozapine	Treatment resistant schizophrenia, psychosis in Parkinson's disease	Monitoring is normally undertaken by the specialist service Symptoms of Covid-19 can mimic clozapine related adverse effects including neutropenia, agranulocytosis and myocarditis (latter most commonly within the first 2 months of starting clozapine).Immediately contact responsible specialist for secondary care for support and advice for patients who have COVID symptoms or have symptoms suggestive of clozapine toxicity. Symptoms of Covid-19 can mimic clozapine related adverse effects including neutropenia, agranulocytosis and myocarditis (latter most commonly within the first 2 months of starting clozapine).Immediately contact responsible specialist in secondary care for support and advice for patients who have COVID symptoms or have symptoms suggestive of clozapine toxicity. Monitoring is undertaken by the specialist				
Colistimethate Sodium	Non-cystic fibrosis bronchiectasis	CUHFT: https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=13172&type=0&servicetype=1 RPH: https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=16173&type=0&servicetype=1	Check patients wellbeing and health for renal dysfunction and neurotoxicity.	No change.	Notify specialist if suspected/confirmed case of COVID. The respiratory clinician will then decide based on their specific circumstances the best course of action for the individual patient.	All

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Dapsone	Dermatitis Herpetiformis and other Dermatoses	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=15460&type=0&servicetype=1	FBC including differential WCC, MCV, Reticulocyte count: Weekly for 1 month after a stable dose is reached/ from initiation. Then monthly for 3 months. Then every 3 months for the first year. Then every 6 months thereafter. LFTs and U&Es every month for 3 months; then 3 – 6 monthly thereafter.	No change	Continue treatment.	All
Dexamfet-amine	ADHD - Adults	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10895&type=0&servicetype=1	For all patients: Monitor heart rate, pulse and BP before and after each dose change, and every 6/12.Adults: Weight - measure 3 and 6 months after the start of treatment, and every 6/12 thereafter. For paediatric patients: Monitor height every 6/12. Monitor weight and appetite: Every 3/12 in children < 10 years and under. At 3 and 6 months after starting treatment in children over 10 years and young people, and every 6 months thereafter, or more often if concerns arise.	No change - existing patients can be monitored 6 monthly if dose stable (remote BP, pulse, height and weight could be considered where possible).	Continue treatment.	All
	ADHD - Children & young people	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10925&type=0&servicetype=1				

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Dexamfet-amine	Narcolepsy	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10906&type=0&servicetype=1	Laboratory tests are not required. Blood pressure should be monitored at appropriate intervals in all patients especially those with hypertension.	No change.	Continue treatment.	All
Gentamicin	For the long term prophylaxis of chronic lung infections in non-CF bronchiectasis.	CUHFT: https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=13170&type=0&servicetype=1 RPH: https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=16172&type=0&servicetype=1	Renal function annually.	No change.	Notify specialist if suspected/confirmed case of COVID. The respiratory clinician will then decide based on their specific circumstances the best course of action for the individual patient.	All

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Guanfacine	ADHD - Children & young people	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10925&type=0&servicetype=1	Monitor heart rate, pulse and BP before and after each dose change, and every 3/12 for the 1st year then 6 monthly. Monitor height, weight and appetite every 3/12 for the 1st year then 6 monthly.	No change - existing patients can be monitored 6 monthly if current treatment >12 months (remote BP, weight, height and pulse could be considered where possible).	Continue treatment.	All
Hydroxycarb-amide	Myeloproliferative Neoplasms	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10926&type=0&servicetype=1	FBC/U&R/LFT 4 monthly	Seek individual patient advice from clinic. FBC, U&Es, LFTs. Minimum 4-monthly or more frequently if dose adjustments are made.	Changes to therapy are not required unless the patient is suspected to be neutropenic based on most recent blood count, which would be unusual. In this case please contact the haematology team for advice.	All patients require monitoring as guided by hospital specialist.

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Leflunomide	Rheumatic diseases	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=11803&type=0&servicetype=1	Check FBC, U&Es, LFTs (including albumin) every: -Two weeks until on stable dose for 6 weeks then -Once on stable dose, monthly FBC, U&Es, LFTs for 3 months thereafter at least every 12 weeks. If co-prescribed with another immunosuppressant or potentially hepatotoxic drug, continue monitoring at least once a month.	Where DMARD use is stable consider extending the monitoring interval to up to every 3 months	Immediately inform specialist responsible for patient's care who will make an individual decision regarding stopping/continuing treatment considering risk vs benefit to individual	Extending blood monitoring is not suitable if the patient is not stable on treatment or: •has CKD ≥ 3 •has severe liver disturbance / WBC or abnormal liver results previously
Lisdexamfet-amine	ADHD - Adults	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10895&type=0&servicetype=1	For all patients: Monitor heart rate, pulse and BP before and after each dose change, and every 6/12. Adults: Weight - measure 3 and 6 months after the start of treatment, and every 6/12	No change - existing patients can be monitored 6 monthly if dose stable (remote BP, pulse, height and weight could be	Continue as normal.	All.

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Lisdexamfet-amine	ADHD - Children & young people	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10925&type=0&servicetype=1	thereafter. For paediatric patients: Monitor height every 6/12. Monitor weight and appetite: Every 3/12 in children < 10 years and under. At 3 and 6 months after starting treatment in children over 10 years and young people, and every 6 months thereafter, or more often if concerns arise.	considered where possible).		
Lithium	MH conditions	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=15934&type=0&servicetype=1	3-monthly monitoring of lithium levels for the first year, maybe reduced to 6-monthly thereafter unless in a specified risk group: -older people, those taking medicines that interact with lithium, those at risk of impaired renal function or thyroid function, raised calcium levels, or other complication, those with poor symptom control, those with poor adherence, those whose last plasma level was 0.8mmol/L or higher. 6-monthly monitoring of: Weight/BMI, U&Es, eGFR and calcium, thyroid function.	No change	Continue treatment and advise patient to monitor for symptoms of lithium toxicity. Contact specialist urgently if lithium toxicity suspected.	All

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Mercapto-purine	IBD	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=13176&type=0&servicetype=1	FBC - Every 2 weeks for 2 months then monthly for 4 months, then if stable 3 monthly thereafter. LFTs - Every 2 weeks for 2 months then monthly for 4 months, then if stable 3 monthly thereafter. CRP - 3 monthly to assess response to treatment. Renal function and U&Es - Every 6 months (more frequently if there is any reason to suspect deteriorating renal function).	Where DMARD use has been successful and stable (defined as those who have been on current treatment for >12 months and at a stable dose for >6 weeks) consider extending the monitoring interval to up to every 6 months	Immediately inform specialist responsible for patient's care who will make an individual decision regarding stopping/continuing treatment considering risk vs benefit to individual	Extending blood monitoring is not suitable if the patient is not stable on treatment or: •has CKD ≥ 3 •has severe liver disturbance / WBC or abnormal liver results previously
	Paediatrics IBD Paediatrics - Auto-immune hepatitis	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10937&type=0&servicetype=1	FBC, U&Es and LFTs (inc GGT) - Month 1: Weekly (until 4 weeks on a stable dose). Month 2: Fortnightly. Month 3: Monthly Month 4 onwards: at least 3-monthly. CRP and ESR - With above bloods at week 1, 6 and 12. Thereafter, at least 3-monthly.	No change	Immediately inform specialist responsible for patient's care who will make an individual decision regarding stopping/continuing treatment considering risk vs benefit to individual.	All

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Methotrexate	All adult indications included in the SCG	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=13171&type=0&servicetype=1	FBC and LFTs every two weeks until dose of methotrexate is stable, then monthly until disease is stable. FBC and LFTs three-monthly once stabilised. Frequency may be reduced dependant on patient-specific factors. Creatinine and electrolytes six-monthly. In addition, for gastroenterological and rheumatological conditions: ESR or CRP monthly to assess response to treatment.	Where DMARD use has been successful and stable consider extending the monitoring interval to up to every 3 months. In exceptional circumstances where greater than 3-month required contact the specialist	Immediately inform specialist responsible for patient's care who will make an individual decision regarding stopping/continuing treatment considering risk vs benefit to individual.	Extending blood monitoring is not suitable if the patient is not stable on treatment or: •has CKD ≥ 3 •has severe liver disturbance / WBC or abnormal liver results previously
	Paediatric - Crohn's Disease	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10916&type=0&servicetype=1	FBC, LFTs, U&Es, ESR, CRP - should be monitored weekly for the first two months of treatment. If the results remain stable the frequency of monitoring can then reduce to monthly.	No change	Treatment should be continued irrespective of COVID infection and in line with current guidance.	All

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Methotrexate	Paediatric – Dermatology indications	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=13171&type=0&servicetype=1	FBC, LFTs, U&Es, ESR, CRP - should be monitored weekly for the first two months of treatment. If the results remain stable the frequency of monitoring can then reduce to monthly.	No change.	Discontinue methotrexate if have/ suspected COVID, (or stop for 2-3 weeks if a household contact is unwell with COVID symptoms), and to notify the dermatology department as soon as possible. Restart after discussion with dermatology consultant, and if repeat FBC, LFT, U+E are satisfactory.	All.
Methyl-phenidate	ADHD - Adults	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10895&type=0&servicetype=1	For all patients: Monitor heart rate, pulse and BP before and after each dose change, and every 6/12. Adults: Weight - measure 3 and 6 months after the start of	No change - existing patients can be monitored 6 monthly if dose stable (remote BP, pulse, height and weight could be	Continue treatment.	All

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Methyl-phenidate	ADHD - Children & young people	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10925&type=0&servicetype=1	treatment, and every 6/12 thereafter. For paediatric patients: Monitor height every 6/12. Monitor weight and appetite: Every 3/12 in children < 10 years and under. At 3 and 6 months after starting treatment in children over 10 years and young people, and every 6 months thereafter, or more often if concerns arise.	considered where possible).		
Mycopheno-late Mofetil	Multisystem autoimmune disease	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10920&type=0&servicetype=1	Weekly FBC for 4 weeks then twice a month for 2 months then every month in the first year (consider interrupting treatment if neutropenia develops). Fortnightly U&Es including creatinine and LFTS until dose has been stable for four weeks. Ongoing once stable - Monthly FBC, U&Es including creatinine, LFTs and ESR.	TBC	TBC	TBC

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Mycopheno-late Mofetil	Vasculitis & Lupus			If the patient is well, in remission, on stable immunosuppression, monitoring bloods should continue 3 monthly (to include FBC, LFT, U&E, ESR and CRP)	Immediately inform specialist responsible for patient's care who will make an individual decision regarding stopping/continuing treatment considering risk vs benefit to individual	The Vasculitis Service is continuing to review patients in telephone clinics and will advise on whether additional routine monitoring is required
Nintedanib	Idiopathic pulmonary fibrosis	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10928&type=0&servicetype=1	Hepatic function (ALK/AST/Alk Phos/Bilirubin) at monthly intervals for 6 months and if stable every 3 months thereafter.	No change.	Notify specialist if suspected/confirmed case of COVID. The respiratory clinician will then decide based on their specific circumstances the best course of action for the individual patient.	All.

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Penicillamine	Rheumatic diseases	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10921&type=0&servicetype=1	FBC - fortnightly for the first eight weeks and thereafter monthly. They should also be carried out in the week after any dose increase. ESR - monthly to help assess response to treatment. Urinalysis - fortnightly for the first eight weeks and thereafter monthly. Also, to be carried out in the week after any dose increase.	People who have been stable for 12 months may be considered for reduced monitoring frequency (every 3 months) on an individual basis	Immediately inform specialist responsible for patient's care who will make an individual decision regarding stopping/continuing treatment considering risk vs benefit to individual	For those who receive monitoring more frequently due to being at higher risk of toxicity, seek specialist advice for extensions to monitoring.
	Wilson's disease	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=16221&type=0&servicetype=1	FBC - fortnightly for the first eight weeks and thereafter monthly for the remainder of the first year. Thereafter 3-monthly. They should also be carried out in the week after any dose increase. ESR - monthly to help assess response to treatment. Urinalysis - fortnightly for the first eight weeks and thereafter monthly. Also, to be carried out in the week after any dose increase.	Consider extending the monitoring interval to up to 3 monthly if not already.. For those receiving monitoring more frequently due to being at higher risk of toxicity, seek specialist advice for extensions to monitor during the COVID-19.	Immediately inform specialist responsible for patient's care who will make an individual decision regarding stopping/continuing treatment considering risk vs benefit to individual	High risk patients.

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Pifenidone	Idiopathic pulmonary fibrosis	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=13169&type=0&servicetype=1	Hepatic function (ALK/AST/Alk Phos/Bilirubin) at monthly intervals for 6 months and if stable every 3 months thereafter.	No change.	Notify specialist if suspected/confirmed case of COVID. The respiratory clinician will then decide based on their specific circumstances the best course of action for the individual patient.	All.
Riluzole	Amyotrophic lateral sclerosis form of motor neurone disease	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10923&type=0&servicetype=1	FBC - Monthly for the first 3 months then 6-monthly unless clinical indication/concern. LFTs - Monthly for 3 months then 3-monthly for the remainder of first year. 6-monthly thereafter unless clinical indication/concern.	FBC - No change. LFTS - 1 month after starting, at 3 months and then at 1 year.	Stop treatment with Riluzole if COVID-19 confirmed and do not restart until recovered.	All

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Stiripentol	SCN1A related and Severe Myoclonic Epilepsies in Infancy	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10934&type=0&servicetype=1	All monitoring carried out by specialist team at hospital.		Treatment must be continued. CUHFT have been advised that children receiving Stiripentol i.e. with Dravet are at increased risk from COVID-19 due to their vulnerability to fever, hence important not to stop therapy.	All.
Sulfasalazine	Rheumatic diseases	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10935&type=0&servicetype=1	Check ESR, FBC, creatinine/eGFR, ALT and/or AST and albumin every:2w until on stable dose for 12w then -once on stable dose, monthly FBC, creatinine/eGFR, ALT and/or AST and albumin for 3 months -thereafter FBC, creatinine/eGFR, ALT and/or AST and albumin at least every 12 weeks. On-going monitoring once stable: -ESR, FBC, LFTs, U&Es once every 3 months. -If dose and monitoring are stable after one year, blood monitoring can be reduced to every six months.	No change to the existing monitoring regimen is recommended which already advises that if dose and monitoring are stable after one year, blood monitoring can be reduced to every six months.	Immediately inform specialist responsible for patient's care who will make an individual decision regarding stopping/continuing treatment considering risk vs benefit to individual	For those who receive monitoring more frequently due to being at higher risk of toxicity, seek specialist advice for extensions to monitoring.

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Tolvaptan	Autosomal dominant polycystic kidney disease	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10927&type=0&servicetype=1	ALT, AST, Bilirubin, creatinine/eGFR, INR, serum osmolality: - Initiation - 18 months: Monthly; ->18 Months and stable :3-monthly.	No change.	Stop taking tolvaptan and inform specialist. Timing of recommencement (possibly initially at lower dose) by individual arrangement.	All
Triptorelin	Precocious puberty	https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=10909&type=0&servicetype=1	All monitoring carried out by specialist team at hospital.		If patients develop symptoms, they should have the next injection soon after the isolation period in accordance with national guidance. In most cases, patients will be on a 3-monthly injection schedule before Primary Care become involved in delivering the injections.	All

Document Tracking

Date	**Update**
07/05/2020	Approved by CPJPG members at the May meeting.