

**Advice for practices on the prioritisation of Amber drug monitoring in ADULTS during
Covid-19 pandemic**

The following guidance has been produced to support General Practices on the prioritisation of amber drug monitoring during the current emergency. All clinicians are responsible for their own judgement in what is deemed 'urgent', the following is given for advice only and patients should be individually assessed.

[The RCGP Guidance](#) on workload prioritisation during COVID-19 states that general practice should aim to continue blood monitoring of high risk medicines regardless of the scale of the virus outbreak (1). Clean areas should be set aside to accommodate vulnerable patients attending for testing and appointments suitably spaced to minimise time in practice. However, clinicians should give consideration to risk to vulnerable patients of attending for blood monitoring and where it may be appropriate on an individual basis to consider delaying monitoring for stable patients. The below is additional information to assist clinical decision making when routine options for monitoring cause delays in ability to monitor a patient.

General Principles

1. Clinically well patients who have been stable on Amber drug for over 12 months with no recent abnormal testing may be considered for a delay in testing as per table below
2. Clinically well patients who have been stable on treatment for a longer period of time may be suitable for more extended delay on the individual clinician assessment.
3. Rationale for delayed monitoring should be documented
4. Where possible the patient should be informed of the reason for the delay and given advice about the signs of toxicity or side-effects that may indicate more urgent monitoring is required
5. Transplant patients in the first year following transplant should be prioritised for monitoring. May be appropriate to seek specialist advice. Feedback from consultants is that patients who have been stable on immunosuppressant for more than 12 months may be considered for 3 month delay.
6. Remember that monitoring including bloods, weight and BP in secondary care are available on Leeds Care record and checking this may negate the need for the patient's monitoring appointment if they have had a recent appointment or admission where monitoring was undertaken.
7. The table below only applies to adults. Specialist advice should be taken if monitoring for children needs delaying.

Note that amber level 3 drugs not included in this table are usually monitored by secondary care but please confirm this is the case for individual patients when reviewing monitoring requirements.

Amber Drug guidance for stable patients with >12months treatment	
Amiodarone Hydrochloride	Can delay for 3 months as long as recent tests have been normal
Antipsychotics Oral + depot	All monitoring can be delayed for up to 3 months
Atomoxetine	Patients with home BP monitor may be reviewed remotely. If stable can be delayed for 4 weeks
Azathioprine	Can delay blood test up to 4 weeks, prioritise if sore throat or other signs of infection
Azathioprine for liver and renal transplant and autoimmune hepatitis	Potentially delay for up to 3 months if needed
Carbamazepine mood stabiliser	Testing can be delayed for 6 months
Ciclosporin	Can delay blood test up to 4 weeks
Ciclosporin for liver and renal transplant	Potentially delay for up to 3 months if needed
Cinacalcet	Renal: Delay for up to 3 months if there has been no change to alfacalcidol dose and calcium levels stable. Endocrine: monitoring can be suspended if calcium levels have been stable.
Cyproterone for gender dysphoria	All monitoring can be delayed for up to 3 months
Demeclocycline for SIADH only	Delay for up to 4 weeks
Denosumab (Prolia)	Monitoring is required prior to each injection and is important due to risk of hypocalcaemia so should continue.
Dexamfetamine Sulphate	Patients with home BP monitor may be reviewed remotely. If stable can be delayed for 4 weeks
DOACs	All monitoring can be delayed for up to 3 months
Dronedarone	All monitoring can be delayed for up to 12 months
Entecavir for hepatitis B	All monitoring can be delayed for up to 3 months (some patients routinely monitored by secondary care)
Esmya (Ulipristal)	All treatment to stop (Drug Safety Update March 2020)
Estradiol patch (gender dyphoria only)	All monitoring can be delayed for up to 3 months
Estradiol Tablets 1 and 2mg (gender dysphoria only)	All monitoring can be delayed for up to 3 months
Guanfacine - Adults	Patients with home BP monitor may be reviewed remotely. If stable can be delayed for 4 weeks
Hydroxycarbamide	Delay for up to 4 weeks
Ketoconazole (Cushings)	Needs at least 6monthly LFTs. Discuss with specialist if patients affected
Lamivudine	All monitoring can be delayed for up to 3 months

Leflunomide	Delay for up to 4 weeks
Leflunomide + Methotrexate	Can delay by no more than 1 week
Leuprorelin/Goserelin for gender dysphoria only	All monitoring can be delayed for up to 3 months
Liothyronine	All monitoring can be delayed for up to 3 months or seek specialist advice if not established on stable dose
Lisdexamfetamine	Patients with home BP monitor may be reviewed remotely. If stable can be delayed for 4 weeks
Lithium	Delay for up to 4 weeks
Mercaptopurine for IBD and autoimmune hepatitis	Potentially delay for up to 3 months
Mesalazine oral	All monitoring can be delayed for up to 3 months
Methotrexate oral	Can delay blood test up to 4 weeks, prioritise if sore throat or other signs of infection
Methotrexate + Leflunomide	Can delay by no more than 1 week
Methylphenidate hydrochloride	Patients with home BP monitor may be reviewed remotely. If stable can be delayed for 4 weeks
Metyrapone (Cushings)	Delay for up to 4 weeks and seek specialist advice.
Mexiletine	All monitoring can be delayed for up to 3 months
Modafinil	Patients with home BP monitor may be reviewed remotely. If stable can be delayed for 4 weeks
Mycophenolate Mofetil	Delay for up to 4 weeks
Oestrogel for gender dysphoria only	All monitoring can be delayed for up to 3 months
Penicillamine	Delay for up to 4 weeks
Riluzole oral	All monitoring can be delayed for up to 3 months
Sacubitril valsartan	All monitoring can be delayed for up to 3 to six months in patients without recent dose titration.
Sirolimus (Renal and Liver transplant, monitoring usually done in secondary care)	All monitoring can be delayed for up to 3 months
Spirolactone gender dysphoria only	All monitoring can be delayed for up to 3 months
Stiripentol	All monitoring can be delayed for up to 3 months
Sulfasalazine adults	Delay for up to 4 weeks
Tacrolimus (non transplant),	Delay for up to 4 weeks
Tacrolimus renal and liver transplant	All monitoring can be delayed for up to 3 months
Tacrolimus (oral) for Crohns	All monitoring can be delayed for up to 3 months
Tenofovir for hepatitis B	All monitoring can be delayed for up to 3 months (some patients routinely monitored by secondary care)
Testosterone enantate injection and Testosterone Gel (gender dysphoria only)	All monitoring can be delayed for up to 3 months
Tinzaparin for DVT /PE	Delay blood tests for up 3 months if patient weight is stable

Valproic Acid/Sodium Valproate Depakote/Eplilim/Episenta brands only Bipolar only	Testing can be delayed for 6 months
Venlafaxine	Patients with home BP monitor may be reviewed remotely. If stable can be delayed by 3 months
Warfarin	Patients should be monitored as per anticoagulant clinic instructions, clinics are still running with reduced numbers and social distancing

(1) <https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2020/covid19/RCGP%20guidance/202003233RCGPGuidanceprioritisationroutineworkduringCovidFINAL>