

**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.

<b>Amber Drug guidance for stable patients with &gt;12months treatment</b>	
<b>Amiodarone Hydrochloride</b>	Can delay for 3 months as long as recent tests have been normal
<b>Antipsychotics Oral + depot</b>	All monitoring can be delayed for up to 3 months
<b>Atomoxetine</b>	Patients with home BP monitor may be reviewed remotely. If stable can be delayed for 4 weeks
<b>Azathioprine</b>	See local shared care Covid monitoring guidance
<b>Carbamazepine mood stabiliser</b>	Testing can be delayed for 6 months
<b>Ciclosporin</b>	Can delay blood test up to 4 weeks
<b>Ciclosporin for liver and renal transplant</b>	See local shared care Covid monitoring guidance
<b>Cinacalcet</b>	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.
<b>Cyproterone for gender dysphoria</b>	All monitoring can be delayed for up to 3 months
<b>Demeclocycline for SIADH only</b>	Delay for up to 4 weeks
<b>Denosumab ( Prolia )</b>	See local shared care Covid monitoring guidance
<b>Dexamfetamine Sulphate</b>	Patients with home BP monitor may be reviewed remotely. If stable can be delayed for 4 weeks
<b>DOACs</b>	All monitoring can be delayed for up to 3 months
<b>Dronedarone</b>	See local shared care Covid monitoring guidance
<b>Entecavir for hepatitis B</b>	All monitoring can be delayed for up to 3 months (some patients routinely monitored by secondary care)
<b>Esmya (Ulipristal)</b>	All treatment to stop (Drug Safety Update March 2020)
<b>Estradiol patch (gender dyphoria only)</b>	All monitoring can be delayed for up to 3 months
<b>Estradiol Tablets 1 and 2mg (gender dysphoria only)</b>	All monitoring can be delayed for up to 3 months
<b>Guanfacine - Adults</b>	Patients with home BP monitor may be reviewed remotely. If stable can be delayed for 4 weeks
<b>Hydroxycarbamide</b>	Delay for up to 4 weeks
<b>Ketoconazole (Cushings)</b>	Needs at least 6monthly LFTs. Discuss with specialist if patients affected
<b>Lamivudine</b>	All monitoring can be delayed for up to 3 months
<b>Leflunomide</b>	See local shared care Covid monitoring guidance
<b>Leflunomide + Methotrexate</b>	Can delay by no more than 1 week
<b>Leuprorelin/Goserelin for gender dysphoria only</b>	All monitoring can be delayed for up to 3 months

<b>Liothyronine</b>	All monitoring can be delayed for up to 3 months or seek specialist advice if not established on stable dose
<b>Lisdexamfetamine</b>	Patients with home BP monitor may be reviewed remotely. If stable can be delayed for 4 weeks
<b>Lithium</b>	Delay for up to 4 weeks
<b>Mercaptopurine for IBD and autoimmune hepatitis</b>	Potentially delay for up to 3 months
<b>Mesalazine oral</b>	All monitoring can be delayed for up to 3 months
<b>Methotrexate oral</b>	See local shared care Covid monitoring guidance
<b>Methotrexate + Leflunomide</b>	Can delay by no more than 1 week
<b>Methylphenidate hydrochloride</b>	Patients with home BP monitor may be reviewed remotely. If stable can be delayed for 4 weeks
<b>Metyrapone (Cushings)</b>	Delay for up to 4 weeks and seek specialist advice.
<b>Mexiletine</b>	All monitoring can be delayed for up to 3 months
<b>Modafinil</b>	Patients with home BP monitor may be reviewed remotely. If stable can be delayed for 4 weeks
<b>Mycophenolate Mofetil</b>	See local shared care Covid monitoring guidance
<b>Oestrogel for gender dysphoria only</b>	All monitoring can be delayed for up to 3 months
<b>Penicillamine</b>	Delay for up to 4 weeks
<b>Riluzole oral</b>	See local shared care Covid monitoring guidance
<b>Sacubitril valsartan</b>	All monitoring can be delayed for up to 3 to six months in patients without recent dose titration.
<b>Sirolimus (Renal and Liver transplant, monitoring usually done in secondary care)</b>	All monitoring can be delayed for up to 3 months
<b>Spironolactone gender dysphoria only</b>	All monitoring can be delayed for up to 3 months
<b>Stiripentol</b>	All monitoring can be delayed for up to 3 months
<b>Sulfasalazine adults</b>	See local shared care Covid monitoring guidance
<b>Tacrolimus (non transplant),</b>	Delay for up to 4 weeks
<b>Tacrolimus renal and liver transplant</b>	All monitoring can be delayed for up to 3 months
<b>Tacrolimus (oral) for Crohns</b>	All monitoring can be delayed for up to 3 months
<b>Tenofovir for hepatitis B</b>	All monitoring can be delayed for up to 3 months (some patients routinely monitored by secondary care)
<b>Testosterone enantate injection and Testosterone Gel (gender dysphoria only)</b>	All monitoring can be delayed for up to 3 months
<b>Tinzaparin for DVT /PE</b>	Delay blood tests for up 3 months if patient weight is stable
<b>Valproic Acid/Sodium Valproate Depakote/Eplilim/Episenta brands only Bipolar only</b>	Testing can be delayed for 6 months

<b>Venlafaxine</b>	Patients with home BP monitor may be reviewed remotely. If stable can be delayed by 3 months
<b>Warfarin</b>	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>