LMSPN (London MS Pharmacists Network)

Guidance on the Use & Monitoring of Disease Modifying Therapies (DMTs) for Multiple Sclerosis in Response to Risk of Coronavirus Pandemic

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Initiation and continuation of DMTs

Follow ABN guidance as follows: https://www.theabn.org/page/abnguidelines

These recommendation are summarised in **table 2.**

The ABN guideline also includes advice on stopping DMTs if the patient has active Covid -19 infection.

Please note that advice is constantly changing and this should be used in conjunction with information from the MS trust and MS society websites and the following:

- NHS choices website: https://www.nhs.uk/conditions/coronavirus-covid-19/
- The government website: https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public

Advice for blood monitoring

To reduce the need for patients travelling to hospital to have blood tests during risk of Covid-19, a risk benefit assessment should be made on a case by case basis. In some cases it may be appropriate to delay blood tests until risk of Covid-19 is clarified or passed. Where unsure please confirm with the consultant looking after the patient. Where possible and necessary ask for patients to have their blood tests at their GP surgery. If a patient has Covid-19, or it is suspected, blood test should be delayed until recovery.

Table 1: Advice for blood monitoring

	Normal frequency of monitoring	Recommendation until risk of Covid-19 clarified or passed
Interferon Beta *(Rebif, Betaferon, Extavia, Plegridy, Avonex)*	3 months, 6 months, then 6 monthly	6 months, then 12 monthly if stable
Glatiramer Acetate *(Copaxone, Brabio)*	None required	None required
Teriflunomide *(Aubagio)*	2 weekly for 6 months, then 2 monthly if stable	2 weekly for 6 months After 6 months if stable, test at 2 months than 4 monthly
Dimethyl Fumarate *(Tecfidera)*	3 monthly	3 months, 6 months, then 6 monthly if stable
Fingolimod *(Gilenya)*	1,3,6,12 months, then every 6-12 months	3 months, 6 months, then 12 monthly if stable
Natalizumab *(Tysabri)*	Every 3 months	No change
Ocrelizumab *(Ocrevus)*	Every 6 months	Blood tests prior to subsequent infusions, not required if infusion delayed
Alemtuzumab *(Lemtrada)*	Monthly	No change
Cladribine *(Mavenclad)*	2months and 6 months after each course, 2 monthly if lymph <0.5	No change to 2 month test Delay 6 month test if 2 month bloods are stable and lymphocytes >0.5

Last updated: 19/3/20
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Table 2: Summary of ABN Guidelines on DMT Treatment during Covid19 Pandemic

	Risk of viral infection vs normal person	Patient already on DMT	Patient due to start DMT
Interferon Beta *(Rebif, Betaferon, Extavia, Plegridy, Avonex)*	Small increase	Continue (benefit outweighs risk)	Continue (benefit outweighs risk)
Glatiramer acetate *(Copaxone, Brabio)*	Small increase	Continue (benefit outweighs risk)	Continue (benefit outweighs risk)
Teriflunomide *(Aubagio)*	Small increase	Continue (benefit outweighs risk)	Continue (benefit outweighs risk)
Dimethyl Fumarate *(Tecfidera)*	Small increase	Continue (benefit outweighs risk)	Continue (benefit outweighs risk)
Fingolimod *(Gilenya)*	Moderate increase	Continue (risk of rebound relapse outweighs risk of infection)	Can be started Reason: Can be stopped if patient has infection (long half-life but shorter than others)
Natalizumab *(Tysabri)*	Moderate increase	Continue	Can be started Consider extended interval dosing (6-8 weekly) Reason: Safest high-efficacy therapy, Covid-19 not neurotropic virus
Ocrelizumab *(Ocrevus)*	Moderate increase	Delay until risk of Covid-19 is clarified or passed (effect on preventing MS relapse will last longer than 6 months)	Delay, asses patients risk of relapse and consider alternative options Reason: Long lasting immunosuppressant effect, not reversible
Alemtuzumab *(Lemtrada)*	Significant increase for up to 6 months after starting Moderate 6months – 1 year post last dose Low 1 year past last dose (depended on recovery of immune system)	Delay 2nd or 3rd year of treatment (some protection from MS relapse will remain after 12 months)	Delay 1st year of treatment, asses patients risk of relapse and consider alternative options if appropriate Reason: Long lasting immunosuppressant effect, not reversible
Cladribine *(Mavenclad)*	Significant increase for up to 6 months after starting Moderate 6months – 1 year post last dose Low 1 year past last dose (depended on recovery of immune system)	Continue if already started in last 1-2 months, inform patients to follow advise to minimise risk of exposure Delay second year of treatment if not yet started	Delay first year of treatment, asses patients risk of relapse and consider alternative options if appropriate Reason: Long lasting immunosuppressant effect, not reversible