

Monitoring High Risk Drugs in Primary Care

Monitoring Standards for DMARDs based on BSR BHPR Standards 2017

These standards have been agreed for the monitoring of the following DMARDs in patients under the care of Rheumatologist, Gastroenterologists and Dermatologists at Princess Alexandra Hospital NHS Trust:

Azathioprine*
Leflunomide[^]

Mercaptopurine*
Methotrexate
Sulphasalazine^{^^}

Gold**
Mycophenolate

[Please see individual shared care agreements for further details on West Essex CCG website](#)

Initial monitoring by Specialist	FBC Creatinine / calculated GFR ALT +/- AST Albumin	Every 2 weeks until on stable dose for 6 weeks.
Ongoing monitoring by GP	FBC Creatinine / calculated GFR ALT +/- AST Albumin	Then once on stable dose monitor monthly for 3 months.
	FBC Creatinine / calculated GFR ALT +/- AST Albumin	At least every 12 weeks
Dose increase	FBC Creatinine / calculated GFR ALT +/- AST Albumin	Every 2 weeks until on stable dose for 6 weeks, then revert to previous schedule

***Azathioprine and mercaptopurine-** Heterozygotes for TPMT continue monitoring FBC and LFTs monthly. GP will be informed of this by secondary care when shared care is initiated.

**** Gold** – urinalysis for blood and protein prior to each dose

^Leflunomide – BP and weight at each monitoring visit

^^Sulphasalazine – as above for 12 months then no routine monitoring needed.

Ciclosporin

As initiation above but requires extended monthly monitoring. Patients who have been stable for 12 months can be considered for reduced frequency monitoring on an individual patient basis. BP and glucose at each monitoring visit.

[BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs Rheumatology, Volume 56, Issue 6, 1 June 2017, Pages 865–868.](#)

Monitoring of other high risk drugs

Denosumab	Serum calcium	Within the 4 week period prior to each injection	In patients with severe renal failure, eGFR 15-30ml/min, check serum calcium 2 weeks after the injection
	Renal function		
Riluzole	FBC, LFTs	Monthly for three months then every 3 months for a further 9 months, and annually thereafter.	
	U&Es	6 monthly	
Hydroxychloroquine	Visual acuity	Annually	
Entresto® (Sacubitril/ valsartan)	Blood pressure	6 monthly	
	Renal function		
	LFTs		
	FBC		
Fludrocortisone	U&E	3 monthly	
	Lying and standing blood pressure		
Midodrine	Renal function	6 monthly	
	LFTs		
	Lying and standing blood pressure		

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