

Appendix One – Summary of recommended monitoring requirements to reflect patient need within practice policy

Drug \ Test	Gold	Azathioprine	Ciclosporin	Leflunomide	MTX	Hydroxychloroquine	Sulfasalazine	Penicillamine
Baseline only (undertaken in secondary care unless rheumatology patients from DCH, GI patients transferred after 3 months)								
BP	x	x	x	x	x	x	x	
height	x	x	x	x	x	x	x	
weight	x	x	x	x	x	x	x	
Baseline TPMT		x						
Ophthalmic check						x		
Glucose			x					
FBC	x	x	x	x	x	x	x	x
LFT	x	x	x	x	x	x	x	x
U and E's			x			x	x	
Creatinine/calculated GFR	x	x	x	x	x	x	x	x
Hep B &/or C screen		x	x			x	x	
PIIINP (psoriasis)					x			
Chest X-ray					x			
VZV serology (derm)					x			
Baseline and continue fortnightly testing until stable (dermatology patients weekly for first month – secondary care led)								
FBC	x	x	x	x	x	x	x	x
Creatinine/calculated GFR	x	x	x	x	x	x	x	x
LFT	x	x	x	x	x	x	x	x
BP			x	x				
Glucose			x					
U and E's			x					
weight				x				
TGN/MMPN		x (GI service)						
At stable dose, monthly testing is the norm and any variation must be discussed with practices; testing schedules may vary at mutual consent								
FBC	x	x	x	x	x		x	x
Creatinine/calculated GFR	x	x	x	x	x		x	x
LFT	x	x	x	x	x		x	x
BP			x	x				
Glucose			x					
U and E's			x					
weight				x				

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Drug	Amiodarone	Lithium	Denosumab
Test			
Baseline only			
BP and pulse		x	
Chest x-ray	x		
creatinine		x	x
ECG	x	x	
Serum potassium	x		
TFTs	x	x	
LFTs	x		
U and E's		x	
calcium		x	x
BMI		x	
Lithium levels		x	
Vitamin D			x
Once stable			
	6 monthly unless otherwise stated	(testing 3 monthly in 1 st year then 6 monthly unless other risk factors)	(before each dose)
ECG	X (annual)	X(dependent on risk factors)	
ophthalmological exam	X (annual)		
TFTs	x	x	
LFTs	x		
U and Es	x	x	
Chest X-ray	X (if indicated)		
Creatinine		x	x
BMI		x	
calcium		x	x
BP and pulse		x	
Lithium levels		x	
Vitamin D			x

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Parameters to report to secondary care:	
• WCC <3.5 x 10 ⁹ /L	• Creatinine >30% above baseline and/or eGFR <60
• Neutrophils <1.6 x 10 ⁹ /L	• ALT >100 units/L
• Unexplained eosinophilia >0.5 x 10 ⁹ /L	• Unexplained fall in serum albumin
• Platelet count <140 x 10 ⁹ /L	• MCV >105 f/L

N.B DCH rheumatology department may request additional tests for disease monitoring purposes.

Shared care guidelines available on Dorset formulary:

Leflunomide: <http://www.dorsetccg.nhs.uk/Downloads/aboutus/medicines-management/Shared%20Care%20Guidelines/Shared%20Care%20leflunomide%20Dec%202011.pdf?UNLID=38726487720172912757>

Methotrexate: <http://www.dorsetccg.nhs.uk/Downloads/aboutus/medicines-management/Shared%20Care%20Guidelines/Shared%20Care%20methotrexate%20Dec%202011.pdf?UNLID=38726487720172912912>

Further resources:

[BAD guidelines for the prescribing of azathioprine](#)

[BSG information leaflet for azathioprine](#)

NPSA recommendations for methotrexate: <http://www.nrls.npsa.nhs.uk/resources/?entryid45=59800>

[BAD guidelines for the use of methotrexate in psoriasis \(see table 2 for what to do if abnormal test results\)](#)

[BSG information leaflet for methotrexate](#)

Adapted from the following reference sources:

BSR/BHPR guidelines non-biologic DMARD guidelines, draft, 2016.

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<http://www.bad.org.uk/healthcare-professionals/clinical-standards/clinical-guidelines>

<http://www.bad.org.uk/shared/get-file.ashx?id=4020&itemtype=document>

http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical_Guidelines/Formulary_by_BNF_chapter_prescribing_guidelines/BNF_chapter_2/Amiodarone_monitoring.pdf

<http://www.dorsetccg.nhs.uk/Downloads/aboutus/medicines-management/Shared%20Care%20Guidelines/Lithium%20shared%20care.pdf?UNLID=10288900120161020174245>

N.B Clinical Knowledge Summaries from NICE may be helpful for monitoring of specific drugs but the information has been superceded by draft BSR/BHPR guidelines and BAD methotrexate guidance: <https://cks.nice.org.uk/dmards>.

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