

## Rotherham Shared Care Protocols – Monitoring

	Shared Care Protocols	Monitoring	Initial	Maintenance	On dose increase	Action to take
<b>Methotrexate (Oral<sup>1</sup> &amp; IM<sup>2</sup>)</b>	Rheumatology (Oral only)	FBC, U&Es, LFTs & CRP	2 weekly until a stable dose for 6 weeks, Then monthly for 3 months	3 monthly	Additional FBC, U&Es & LFTs after 2, 4 & 6 weeks	<b>IF:</b> WCC <3.5 x10 <sup>9</sup> /l AST or ALT >100 Neutrophils <1.8 x10 <sup>9</sup> /l Platelets <150 x10 <sup>9</sup> /l  <b>OR:</b> Severe sore throat / Oral Ulceration / Fever / Rash  <b>Stop medication</b> and contact consultant
<b>Mycophenolate</b>	Rheumatology	FBC, U&Es, LFTs & CRP	2 weekly until a stable dose for 6 weeks, Then monthly for 3 months	3 monthly	Additional FBC, U&Es & LFTs after 2, 4 & 6 weeks	
<b>Azathioprine</b>	Rheumatology & Gastroenterology	FBC, U&Es, LFTs & CRP	2 weekly until a stable dose for 6 weeks, Then monthly for 3 months	3 monthly	Additional FBC, U&Es & LFTs after 2, 4 & 6 weeks	
<b>Sulphasalazine</b>	Rheumatology & Gastroenterology	FBC, U&Es, LFTs & CRP	2 weekly until a stable dose for 6 weeks, Then monthly for 3 months	3 monthly up to 12 months. Then 6 monthly	NONE	
<b>6-mercaptopurine</b>	Gastroenterology	FBC, U&Es, LFTs & CRP	2 weekly for a month & monthly for 2 months	3 monthly	Additional FBC, U&Es & LFTs after 2, 4 & 6 weeks	<b>Stop medication</b> and contact consultant
<b>IM Gold</b>	Rheumatology	FBC, U&Es, LFTs, CRP & urine dipstick	Monthly for 2–4 months	FBC & urine dipstick prior to EACH injection <sup>3</sup>	Additional FBC, U&Es & LFTs after 2 & 4 weeks	<b>As above</b> and if 1+ protein on 2 consecutive occasions with negative MSU
<b>Leflunomide</b>	Rheumatology	FBC, U&Es, LFTs, CRP & BP	2 weekly until a stable dose for 6 weeks, Then monthly for 3 months	3 monthly	Additional FBC, U&Es & LFTs after 2, 4 & 6 weeks	<b>As above</b> and STOP If blood pressure increases and cannot be controlled with medication
<b>Hydroxychloroquine</b>	No Shared Care Protocol – can transfer prescribing at 4 weeks. Rheumatology		Baseline FBC, U&Es, LFTs U&Es 6 monthly in those over 60 or at risk of renal impairment If pre-existing eye disease Annual assessment with optometrist or earlier if significant changes			
<b>Denosumab</b>	Metabolic Bone Clinic at Northern General Hospital	Prior to injection at 6 months: Check PINP (reduced by 10ng/ml from baseline and/or the level is <35ng/ml) Serum Calcium (range 2.2-2.6mmol/l)		6 monthly thereafter	Serum Calcium prior to each injection (range 2.2-2.6mmol/l)	If hypocalcaemia do not administer and contact MBC
<b>Testosterone (Oral &amp; IM)</b>	Urology ONLY	Before 10am: PSA & serum testosterone and FBC includ. haematocrit		6 monthly	NONE	Fax / Phone Urology for advice
<b>Ibandronic acid in women with breast Cancer</b>	Oncology	Renal function & Serum Calcium		Annual	If Calcium out of range or renal function becomes severe (eGFR < 30 ml/min) – discontinue and contact consultant. Reduce dose if eGFR < 50 ml/min (see SCP)	

ALL prescribing can be passed to the GP after 3 months if patient is stable (or otherwise stated)

<sup>1</sup> Oral Methotrexate can be prescribed & Monitored by GPs under the SCP and DES

<sup>2</sup> IM methotrexate is RED and prescribing **cannot** be passed to the GP. Monitoring can be done via the DES and payment received.

<sup>3</sup> IM Gold - after 3 months it is permissible to work one FBC in arrears