

**DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE  
(JAPC)**



**Quick Reference Guide - Ongoing Primary care monitoring for Drugs affecting the Immune Response**

See individual SCG for baseline monitoring requirements. Standard GP monitoring schedule following at least 6 weeks of dose stability

	<b>FBC ALT and/or AST &amp; albumin Creatinine/ CrCl/ U&amp;E</b>	<b>Other</b>	<b>Additional comments</b>
<b>Azathioprine / 6 mercaptopurine</b>	Monthly for 3 month Three-monthly thereafter	-	Non-transplant indications only
<b>Ciclosporin</b>	Monthly	BP- monthly HbA1c 3 monthly Serum lipids, uric acid, magnesium- 6 monthly	Patients who have been stable for 12 months can be considered for reduced frequency of monitoring on an individual patient basis. Follow direction from the specialist.
<b>Leflunomide</b>	Monthly for 3 month Three-monthly thereafter	BP- monthly for 3 months then three-monthly thereafter Ask patient to report any unexplained weight loss (>10%)	Leflunomide in combination with MTX requires extended monthly monitoring for at least 12 months. Patients who have been stable for 12 months can be considered for reduced frequency of monitoring on an individual patient basis.
<b>Methotrexate (oral &amp; parenteral)</b>	Monthly for 3 month Three-monthly thereafter	-	
<b>Mycophenolate</b>	Monthly for 3 month Three-monthly thereafter	-	Non-transplant indications only
<b>Penicillamine (under review)</b>	Monthly	Urinalysis- monthly Ask patient about presence of rash or oral ulceration at each visit	Patients who have been stable for 12 months can be considered for reduced frequency of monitoring (every 3 months) on an individual patient basis.
<b>Sulfasalazine</b>	Monthly for 3 month & Three-monthly thereafter. <u>After 12 months of treatment</u> <u>The decision to reduce/</u> <u>discontinue monitoring should</u> <u>be following advice from the</u> <u>specialist for the individual</u> <u>patient.</u>	-	no routine GP monitoring for stable patients with minimal risk after 12 months, except considering annual eGFR. It is important to note that the decision to reduce/discontinue monitoring should be <u>following advice from the specialist for the individual patient</u> . Local specialists may advise continuing e.g. 6 months monitoring for patients with additional risk factors e.g. comorbidities/ concurrent medications.

Rheumatic patients CRP/ESR 3 monthly to assess underlying rheumatic disease - this may be coordinated between secondary and primary care on an individual basis.

For complete shared care agreements see [http://www.derbyshiremedicinesmanagement.nhs.uk/medicines-management/clinical-guidelines/shared\\_care\\_guidelines](http://www.derbyshiremedicinesmanagement.nhs.uk/medicines-management/clinical-guidelines/shared_care_guidelines)