

Suggested Monitoring Requirements of High Risk Drugs (Amber) Level 2

Regularly check this is the latest version via www.elmmb.nhs.uk. This is a quick reference tool, refer to Summary of Product Characteristics & Shared Care protocols for full information.

Key Monthly 3m 6m 12m Variable

Drug	Transfer to Primary Care	FBC	LFTs	U+Es (eGFR)	TFTs	Glucose/ HbA1c	ESR or CRP (excluding dermatology)	Blood Pressure	Other	Appointments
Amiodarone	Once dose stable		6m	6m	6m				ECG & Chest x-ray 12 m. TFTs up to 12 m after cessation.	6m
Azathioprine*	Once dose stable for 6m	3m	3m (inc albumin)	3m			3m			3m
Ciclosporin* NON TRANSPLANT ONLY	After 3m	monthly	monthly	monthly (inc serum potassium)		monthly	3m	monthly	Lipids 12m Serum magnesium level ***	monthly
Denosumab 60MG DOSE ONLY	After first injection			Cr - 1-3 weeks prior to each injection					Measured corrected Calcium & Vitamin D- 1-3 wks prior to each injection	6 months
Dronedarone	Once dose stable		monthly for 6m, then at 9m and 12m, then annually	12m					ECG 6 monthly	Monthly for 6 m, then at 9m and 12m thereafter
Eplenerone	Once dose stable			6m						6m
Hydroxycarbamide Psoriasis ONLY	Once dose stable	3m	3m	3m					Uric Acid 3m	3m
Leflunomide**	After 6m	3m	3m (inc albumin)	3m			3m	3m	Weight 3m	3m
Mercaptopurine*	Once dose stable	3m	3m (inc albumi	3m			3m			3m
Methotrexate (Oral)*	Once dose stable	3m	3m (inc albumin)	3m			3m		Amino terminal of type III pro-collagen peptide (P3NP) dermatology only - annually	3m
Mycophenolate* NON TRANSPLANT ONLY	After 6m	monthly	monthly (inc albumin)	monthly						monthly
Penicillamine*	after 2m	monthly		monthly			3m		Urinalysis monthly	monthly
Sodium aurothiomalate*	only stable on 3 monthly monitoring	3m	3m (inc albumin)	3m			3m		Urinalysis before each injection (3-6 weekly)	3m

Ref: UKMI - Suggestions for drug monitoring in adults in primary care Feb 2014, Revised Oct 2017/SPCs

* If patient is also being treated with leflunomide, monitoring is increased to monthly, as specified in the leflunomide shared care guidance.

** If Leflunomide is co-prescribed with another immunosuppressant or potentially hepatotoxic drug all monitoring should be continued monthly.

***Ciclosporin enhances clearance leading to symptomatic hypomagnesaemia. Control of magnesium levels recommended in the peri-transplant period, in the presence of neurological symptom/signs.

Suggested Monitoring Requirements of High Risk Drugs

Key Monthly 3m 6m 12m Variable

Regularly check this is the latest version via www.elmmb.nhs.uk. This is a quick reference tool, refer to Summary of Product Characteristics & Shared Care protocols for full information.

High Risk Drug	Transfer to Primary Care	FBC	LFTs	U+Es (eGFR)	TFTs	Lipids	Glucose /HbA1c	ESR or CRP (excluding dermatology)	Blood Pressure	Weight & BMI	Other	Appointments	Comments
Lithium	Once stable			6m	6m	annually >40 yrs	annually		annually	annually or more frequently if significant weight gain occurs	Serum lithium levels monitored every 3m up until first year of treatment then every 6m if stable. Calcium every 6m	6m	Maintain 3 monthly monitoring for the following patient groups: Elderly, poor adherence, interacting drugs, impaired renal or thyroid function, poor symptom control, Or lithium levels over 0.8 mmol/L
Valproate	After first 6 months	12m	12m		12m*	12m> 40yrs	12m			12m	Height 12m. Under Pregnancy Prevention Programme	12m	Annual specialist review for women of childbearing age - Require annual sign risk assesment form and be on the pregnancy prevention programme (PPP). *TFTs (every 6 months if rapid-cycling but otherwise every 12 months),
Mesalazine			Every 3 months for the first year, then every 6 months for the next 4 years, and annually thereafter based on the person's risk factors**	Every 3 months for the first year, then every 6 months for the next 4 years, and annually thereafter based on the person's risk factors**								12m	**CKS. Ulcerative colitis. Accessed online via: http://cks.nice.org.uk/ on 03/03/2019
Sulfasalazine*	After 5m until stable	3m***	3m*** (incl Albumin)	3m***				3m***				3m***	* If patient is also being treated with leflunomide, monitoring is increased to monthly, as specified in the leflunomide shared care ***British Society for Rheumatology state that no routine monitoring is required in patients that have been stable on sulfasalazine for 12 months
Apixaban, Dabigatran, Edoxaban, Rivaroxaban	Baseline clotting screen, renal and liver function test and FBC at start of treatment	12m	12m	annually if CrCl> 60mL/min, every 6 month if CrCl 30-60mL/min or every 3 months if CrCl 15-30mL/min						12m		Every 3m-12m	Renal and liver function tests should be performed more often if there is an intercurrent illness that may impact renal or hepatic function. Note for differences in licensing between DOACS refer to SPC.
Antipsychotic Agents (amisulpride, aripiprazole, clozapine, lurasidone,olanzapine, paliperidone, quetiapine, risperidone, chlorpromazine, flupentixol, haloperidol, levomepromazine, pericyazine, perphenazine, pimozide, prochlorperazine, promazine, sulphiride, trifluoperazine, zuclopenthixol)	Once dose stable	12m	12m	12m		12m	12m		12m	12m	Waist Circum. Prolactin & Pulse 12m	12m	UKMI also recommends ALT, creatinine, haemoglobin. As part of Annual physical monitoring for patients with bipolar disorder NICE additionally recommend: CV status (incl pulse and BP), metabolic status (incl fasting blood glucose, HbA1c, and blood lipid profile.