Annex 1: List of Primary Care Drugs Monitoring Service Drugs

Methotrexate,
Auranofin,
Leflunomide,
Penicillamine,
Sodium Aurothiomalate
Sulfasalazine

Azathioprine
Ciclosporin (Neoral)
Cyclophosphamide
Mercatopurine
Mycophenolate
Tacrolimus

Amiodarone

The monitoring of lithium is covered in the Quality and Outcomes framework and is therefore not included in the enhanced service.

Drug: Penicillamine

Indication: Rheumatoid arthritis

General guidance

1. This protocol sets out details for the shared care of patients taking PENICILLAMINE.

Background

2. Penicillamine is an effective second-line drug used in the treatment of rheumatoid arthritis.

Dosage Regimes

3. 125mg daily, increasing by 125mg increments every 4 weeks to 500mg daily if tolerated. Some patients respond to a lower dose, occasionally 750mg a day is required. If no response in 1 year discontinue treatment. Not to be taken within 2 hours of food.

Monitoring

FBC, U&E, LFTs prior to treatment.
Urinalysis prior to treatment.
FBC, urinalysis every 2 weeks for 8 weeks, 1 week after any dosage increment, monthly thereafter.

Drug: Sulphasalazine

Indication: Rheumatoid Arthritis

General guidance

1. This protocol sets out details for the shared care of patients taking SULPHASALAZINE.

Background
2. Sulphasalazine (Salazopyrin) is widely used for the long term treatment of rheumatoid arthritis. There are two preparations in use, Salazopyrin EN, (oval, film coated) and generic sulphasalazine (round, uncoated). The former is considered to have less GI side effects.

Dosage Regimes
3. 500mg daily increasing by 500mg weekly increments to a maximum of 1g bd, if tolerated.

Some patients may respond to a lower dose. Treatment may be continued indefinitely, the usual reason for stopping being loss of benefit. Sulphasalazine is sometimes coprescribed with other anti-rheumatic agents.

Monitoring
FBC, U&E, LFTs prior to treatment.
FBC, LFTs at 3, 6 & 12 weeks, every 3 months thereafter.
: monthly for 3 months then every 6 months.
Urgent FBC if patient complains of inter-current illness during initiation of treatment.

Drug: Sodium Aurothiomalate (Myocrisin)

Indication: Rheumatoid Arthritis
General guidance
1. This protocol sets out details for the shared care of patients taking SODIUM AUROTHIOMALATE.
Background
2. Sodium aurothiomalate is a slow-acting drug effective in controlling disease activity in 60-70% of patients with rheumatoid arthritis. Improvement can be expected after 2-3 months

(400-600 mg total dose), and in the absence of toxicity gold injections can be continued indefinitely.

Dosage Regimes
3. 10mg IM test dose then 50mg one week later followed by 50mg weekly to a total dose of 500mg. If there is a clinical response, the frequency of injections can be reduced to every 2 weeks up to a total dose of 1g. In the absence of an improvement continue at 50mg weekly to a total dose of 1g. If after 1g there is clinical improvement, reduce the frequency of injections to every 3-4 weeks. If no response after 1g total dose stop gold.

4. Dose record cards are available from the hospital and must be carefully maintained.

Monitoring
FBC, U+E, LFTs prior to treatment
Urinalysis prior to treatment
FBC, urinalysis prior to each injection

(ESR/CRP is useful to assess response to therapy)

Drug: Auranofin

Indication: Rheumatoid Arthritis

General guidance

1. This protocol sets out details for the shared care of patients taking AURANOFIN.

Background

2. Auranofin in general is less effective, less toxic and slower to induce a remission than intramuscular gold, and clinical benefit may not become apparent for up to 3 -6 months.

Dosage Regimes

3. 6mg daily - either 6mg before breakfast, or 3mg bd before meals.

Monitoring

FBC, U&E, LFTs prior to treatment
Urinalysis prior to treatment
FBC, urinalysis every 2 weeks for 3 months then monthly

Drug: Methotrexate

Indication: Rheumatoid Arthritis, Psoriasis

General guidance

1. This protocol sets out details for the shared care of patients taking METHOTREXATE.

Background

2. Methotrexate is an effective second-line drug used in the treatment of rheumatoid arthritis and psoriasis. It has both immunosuppressant and anti-inflammatory effects.

Dosage Regimes

3. Initially 5mg to 7.5mg orally once weekly, maintenance dose 7.5 to 12.5mg per week.

Monitoring

FBC, U & E, LFTs prior to treatment
Urinalysis - prior to treatment
FBC weekly for 6 week initially then monthly, any dosage increase should be followed by an FBC one week later
LFTs 3 monthly
U & E, creatinine 6 monthly

Drug: Amiodarone

Background
Amiodarone is used in the treatment of severe rhythm disorders

Dosage Regimes
Maintenance does is 200mg daily or less if appropriate

Monitoring
Prior to treatment – chest x-ray, ECG, LFTs and TFTs, serum potassium

Thereafter, ECG
LFTs 6 monthly
TFTs 6 monthly