Quick Reference Guide: Shared Care Monitoring Requirements

Full shared care guidelines are available via:

https://www.lancashireandsouthcumbriaformulary.nhs.uk/docs/default.asp?DocLib=002&Sort=A

***Following dose increases see full guidance for recommended monitoring schedule.**

Amisulpride Aripiprazole Olanzapine Quetiapine Risperidone Cariprazine							**Comment**
	Weight[₮]	Waist[₮]	Pulse and BP	Fasting blood glucose **OR** HbA1c	Blood lipid profile	Prolactin	[₮]Weight and waist circumference must be plotted on a chart. Monitoring responsibility rests with LSCFT for the first 12 months. Send copy of results to care coordinator/psychiatrist
At 24 months and annually thereafter	✓	✓	✓	✓	✓	✓	

Apomorphine		
	FBC	Reticulocyte
Every 6 months	✓	✓

Amiodarone						**Comment**
	LFT	TFT	U + E	Mg	ECG	For patients taking **warfarin** see full guidelines for INR monitoring requirements. Continue monitoring for 6 months after discontinuation. TFTs should continue to be monitored for up to 12 months after discontinuation, with frequency determined clinically
After at least 1 month and only when the dose has been optimised and investigation results are satisfactory for 1 month	Every 6 months	Every 6 months	Every 6 months	Every 6 months	At least annually	

Dronedarone						Comment
	LFT	U + E	CrCl	Mg	ECG	Monitor for signs of heart failure
After at least 1 month and only when the dose has been optimised and investigation results are satisfactory for 1 month	Monthly for the first 6 months of treatment, then at month 9 and month 12. Every 6m thereafter	Every 6 months	Every 6 months	Every 6 months	Every 6 months	

Azathioprine* and Mercaptopurine*						Comment
	FBC	LFT	albumin	Creatinine/ calculated GFR	ESR or CRP	Patients heterozygous for TPMT require monthly monitoring. Patients co-prescribed leflunomide require increased monitoring
Once on stable dose and undergoing 3 monthly monitoring (if patient has normal baseline TPMT levels)	Every 3 months	Every 3 months	Every 3 months	Every 3 months	Every 3 months *(for Rheumatoid Arthritis only)*	

Ciclosporin*								Comment
	FBC	LFT	K^+	Creatinine / calc GFR	Albumin	BP	Glucose	Patients stable for 12 months can be considered for reduced frequency monitoring. For patients co-prescribed leflunomide, increased monitoring is required
Once stable and having undergone monthly monitoring for 3 months	monthly	monthly	monthly	monthly	monthly	monthly	monthly	

Dapsone					Comment
	FBC	U + E	LFT	Reticulocyte count	Seek advice from initiating specialist should results be deranged (see full SC guidance for details)
Once stable and after at least 3 months	Every 3 months	Every 3 months	Every 3 months	Every 3 months	

Denosumab 60mg			Comment
	Creatinine/eGFR	Corrected calcium + Vit D	It is important that Denosumab is administered on time every 6 months. Check compliance with Ca+VitD. Secondary care review needed after 5 years
After initial injection by secondary care	1-3 weeks prior to each injection	1-3 weeks prior to each injection	

Denosumab 120mg	Comment
Commissioning arrangements for the supply and administering of denosumab 120mg by Primary Care are currently under urgent review. Please continue to supply and administer the medicine until the new arrangements are in place.	

Guanfacine*				Comment
	Heart rate	BP	BMI	Monitoring relates to ADHD in children aged from 6 to 17 years. Patient should have a face-to-face review by LSCFT annually
Once on stable dose (usually after 3 months)	Every 3 months	Every 3 months	Every 3 months for the first year then 6 monthly	
Please note: symptom monitoring and monitoring in response to symptoms is required – see the full shared care document for details via https://www.lancashireandsouthcumbriaformulary.nhs.uk/docs/default.asp?DocLib=002&Sort=A				

Leflunomide*								Comment
	FBC	Creatinine/ calculated GFR	LFT	Albumin	Weight	ESR or CRP	BP	If co-prescribed with another immunosuppressant or hepatotoxic drug **ALL** monitoring should be continued at least once a month
Once on stable dose and undergoing 3 monthly monitoring	Every 3 months	Every 3 months	Every 3 months	Every 3 months	Every 3 months	Every 3 months *(for RA only)*	Every 3 months	

Lithium*										Comment
	Serum lithium levels	U + E	Calcium	eGFR	TFT	Blood glucose	BP	Lipid profile	Weight	*Lithium level monitoring may extend to 6 monthly for selected stable patients after 12 months
After 3 months	3 monthly*	6 monthly	6 monthly	6 monthly	6 monthly *(annually once stable)*	annually	annually	annually *(in those over 40yr)*	annually	

Methotrexate*							Comment
	FBC	LFT	Albumin	Creatinine/ calculated GFR	ESR or CRP	P3NP	If the patient is co-prescribed leflunomide, increased monitoring is required
Once on stable dose and undergoing 3 monthly monitoring	Every 3 months	Every 3 months	Every 3 months	Every 3 months	Every 3 months (for RA only)	Annually (for dermatology only) *if elevated monitor every 3 months*	

Methylphenidate* Dexamfetamine* Lisdexamfetamine* Atomoxetine*					Comment
	Heart rate	BP	Height*	Weight**	Monitoring relates to ADHD in adults and in children 6 years and over. Patient should have a face-to-face review by LSCFT annually. *in children and young people only **every **3 months** in children 10 years and under
Once on stable dose (usually after 3 months)	Every 6 months	Every 6 months	Every 6 months	Every 6 months	
Please note: symptom monitoring and monitoring in response to symptoms is required – see the full shared care document for details via https://www.lancashireandsouthcumbriaformulary.nhs.uk/docs/default.asp?DocLib=002&Sort=A					

Mycophenolate Mofetil*					Comment
	FBC	LFT	Albumin	Creatinine/ calculated GFR	If the patient is co-prescribed leflunomide, increased monitoring is required. Certain patients who have been stable for 12 months can be considered for reduced frequency monitoring.
Once on stable dose and having undergone monthly monitoring for minimum 3 months	Every month	Every month	Every month	Every month	

Penicillamine						Comment
	FBC	U + E	Creatinine/eGFR	ESR or CRP	Urinalysis	If the patient is co-prescribed leflunomide, increased monitoring is required. Urinalysis = dipstick for protein
Once on stable dose and having undergone monthly monitoring for minimum 3 months	Monthly	Monthly	Monthly	Every 3 months (for RA only)	Monthly	

Riluzole			Comment
	FBC*	LFT	*(including differential WBC). Riluzole should be prescribed and monitored in secondary care for a minimum of 12 months
After 12 months initial treatment	annually	annually	

Sulfasalazine*						Comment
	FBC	LFT	Albumin	Creatinine/ calculated GFR	ESR or CRP	If the patient is co-prescribed leflunomide, increased monitoring is required **After 12 months no routine monitoring needed**
Once on stable dose and undergoing 3 monthly monitoring	Every 3 months	Every 3 months	Every 3 months	Every 3 months	Every 3 months (for RA only)	

Testosterone (men)					Comment
	Haematocrit	Testosterone	Haemoglobin	PSA	Should be prescribed and monitored in secondary care for a minimum of 3 months. Patient needs review with secondary care annually.
After 3 months	As directed by specialist service	As directed by specialist service *(normally at 6m, 12m then annually)*	Every 3 months for the first year then annually	Annually *(twice yearly in the elderly)*	

Testosterone (women)								Comment
	Haematocrit	Testosterone + SHBG	Haemoglobin	Lipids	LFT	BP	HbA1c	Should be prescribed and monitored in secondary care for a minimum of 3 months. Annual review with secondary care/BMS accredited NHS HCP required
After 3 months	At 6m then annually	Every 6 months *(for calculation of FAI)*	At 6m then annually	At 6m then annually	At 6m then annually	Periodically	As per DM management plan ***(only in patients with DM)***	
Please note: patients should attend breast screening appointments as per national policy.								