

Rotherham Place Shared Care Protocols – LES Monitoring

	Shared Care Protocols	Monitoring	Initial	Maintenance	On dose increase	Action to take
Methotrexate Oral - Amber ¹ SC – Red ²	Any auto-immune conditions e.g. Rheumatology Gastroenterology Dermatology Sheffield Neurology (i.e. myasthenia gravis) Excluding Transplant patients	FBC, U&Es, LFTs *Psoriasis – P3NP	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	IF: WCC <3.5 x10 ⁹ /l AST or ALT >100 Neutrophils <1.8 x10 ⁹ /l Platelets <150 x10 ⁹ /l OR: Severe sore throat / Oral Ulceration / Fever / Rash Stop medication and contact consultant *P3NP – see Psoriasis SCP
Mycophenolate		FBC, U&Es, LFTs	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	
Azathioprine		FBC, U&Es, LFTs	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	
Sulphasalazine		FBC, U&Es, LFTs	2 weekly until a stable dose for 6 weeks, Then monthly for 3 months	3 monthly up to 12 months	2 weekly until a stable dose for 6 weeks, Then monthly for 3 months	
6-mercaptopurine		FBC, U&Es, LFTs	2 weekly for a month & monthly for 2 months	3 monthly	Additional FBC, U&Es & LFTs after 2, 4 & 6 weeks	
Leflunomide		FBC, U&Es, LFTs & 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	
Hydroxychloroquine	SCP for Rheum & Derm (no LES payment) Prescribing can transfer at 4 weeks		U&Es 6 monthly in those over 60 or at risk of renal impairment Annual retinal screening – >5 years treatment or earlier if eGFR <60 / dose >5mg/kg/day / on tamoxifen			
Denosumab (Stoboclo)	Metabolic Bone Clinic	Prior to 2 nd injection at 6 months: (in primary care) Check PINP to assess response (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
Testosterone³ (Topical & IM)	<ul style="list-style-type: none"> Urology SCP Transman prescribing guidelines HRT in women guidelines 		See individual SCP / guidelines for monitoring schedule			Phone initiating specialist / department for advice
Ibandronic acid in women with breast Cancer	Oncology Guideline	Renal function & Serum Calcium - Annually			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)

¹ Oral Methotrexate can be prescribed & Monitored by GPs under the SCP and LES

² SC methotrexate is RED and prescribing **cannot** be passed to the GP. Monitoring can be done via the LES and payment received.

³ LES can also be claimed for other departments & Out of Area even without SCP