

Supporting Information for Managing Patients on Medication included in the High Risk Drug Service Specification

The prescribing and blood monitoring of drugs included in the High Risk Drug (HRD) Service Specification should be via a signed and completed Effective Shared Care Arrangement (ESCA), which is available via the Local Health Economy Net Formulary <http://www.shropshireandtelfordformulary.nhs.uk>. (These drugs all have amber formulary status but eplenerone and the 5-amino salicylates; balsalazide, mesalazine and olsalazide do not require an ESCA). Practices should have robust processes in place to ensure that appropriate monitoring has been carried out before prescribing, ensuring that patients failing to attend for blood tests are identified and recalled.

Drug List:	5-Amino salicylates	Eplenerone
	Amiodarone	Leflunamide
	Azathioprine	Methotrexate
	Ciclosporin	Sodium Aurothiomalate
	Denosumab	Sufasalazine
	Dronederone	

High Risk Drug Initiation Pathway

Secondary Care (Initiation and Disease Monitoring)

- Patient provided with information on treatment with HRD
- Patient initiated on treatment with HRD
- Patient stabilised (as appropriate) and identified as suitable for transfer of prescribing to Primary Care
- ESCA explained to patient (if ESCA required) and monitoring/management by their GP (management plan) agreed.
- ESCA completed, signed and sent to GP or prescribing information provided to GP if ESCA not required
- Consultant to continue to monitor and prescribe until response received from GP and/or if GP refers patient back.
- Consultant to review patient for disease monitoring annually.

Primary Care (Monitoring and Prescribing)

- GP accepts prescribing and monitoring responsibilities by returning completed ESCA form, if ESCA required.
- GP to enter patient into practice monitoring system and undertake/record blood tests at baseline and periodically when appropriate as per ESCA and HRD Service Specification.
- Patient remains stable and blood results normal. GP to continue prescribing and monitoring as per ESCA and HRD Service Spec.

Patient does not remain stable or blood results abnormal- discuss and transfer care to secondary care specialist.

GP does not accept ESCA-Consultant to continue to monitor and prescribe.

When a Request to Prescribe a High Risk Drug is Received

- Complete and sign the ESCA and return to secondary care specialist.
- Ensure that patient has been added to shared care register and appropriately Read Coded.
- Add a consultation entry in patient notes e.g. "patient on shared care drug (medication name), see shared care letter dated xx/xx/xx".
- Add monitoring requirements and recalls to patient record with relevant codes.
- Add HRD medication to patient medication record with a script note for exact monitoring requirements.
- Add baseline blood results from secondary care to system or request appropriate bloods.
- Make an appointment to see patient - to include full counselling (a double appointment will be required).

If no ESCA has been received check the Local Health Economy Net Formulary: <http://www.shropshireandtelfordformulary.nhs.uk> to confirm whether an ESCA is required. If an ESCA is required, contact secondary care specialist to request one.

First Review with Patient

- Discuss what blood monitoring will take place (see relevant ESCA and HRD Service Specification).
- Explain to the patient why blood monitoring is important, particularly if neutrophils or WCC go down, how serious that can be if they get any minor infections. Also discuss their monitoring schedule.
- Check the Shared Care Agreement and/or prescribing information from secondary care specialist to make sure patient has no clinical signs of toxicity. Educate the patient to report these if they occur.
- Reinforce patient information on DMARDS or other HRD treatment, where necessary.
- Ensure patient has individual management plan (secondary care specialist to provide).

Regular Patient Review Process

- Identify patients who are currently on High Risk Drugs.
- Check patients have been added to Practice Shared Care Register.
- Ensure that all regular bloods and any other required monitoring has been completed.
- Issue appointments / request bloods or other tests as relevant.
- Add reminder and entry to patient's record for date of next review, pending results.
- Refer to results and tests collated in last 4 weeks (or since last patient review date).
- Refer to the relevant ESCA and/or HRD Service Specification to make sure patient has no clinical signs of toxicity.

If Test Results are Normal

- Add entry to patient records highlighting:
 - Review done
 - Any requests
 - Add Read Code for HRD monitoring
 - Follow up any concerns as relevant with secondary care contact (helpline or contact on ESCA).
- Re-set appropriate shared care recall schedule as per relevant ESCA and/or HRD Monitoring Service Specification.
- Ensure that patient has regular secondary care appointment arranged as appropriate.

If Abnormal Test Results are Received

If abnormality is marginal - do not stop drug but repeat bloods within 2 weeks.

If OK after 2 weeks, then continue prescribing as per ESCA, if not call **helpline or contact on ESCA**.

If abnormality is major – STOP the drug Immediately and call the **helpline or the contact on ESCA**. Follow advice and refer patient back to secondary care as appropriate.

ALL PRESCRIPTIONS FOR HIGH RISK DRUGS SHOULD ONLY BE ISSUED IF REGULAR MONITORING IS UNDERTAKEN AS RELEVANT

If Patients Fail to Attend for Monitoring

- Any patients who are identified for **failing to attend** for monitoring should be recalled.
- At least 3 attempts at recall are to be made by phone and/or letter.
- Notes, reminders and reasonable efforts to communicate with the patient, concerning outstanding monitoring, should be documented in the patient's records.
- Opportunities should be offered for them to attend and they should be made aware that the GP may refuse to prescribe the drug without relevant monitoring.
- Refer patient back to secondary care if patient is non-compliant with monitoring.