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DMARD MONITORING GUIDELINES – Reviewed 23.01.15

**RNHRD GP TELEPHONE ADVICE LINE (from 11.00am to 1.00 pm daily):
07747 630875**

The current BSR DMARD and Denosumab Monitoring Guidelines are now available via the following link: <http://www.rnhrd.nhs.uk/our-services/for-clinicians>

Auranofin (Oral gold)

A. Indications: (Licensed) Adult rheumatoid arthritis (very rarely used in Rheumatology)

BAD: Dermatologists generally do not use this drug.

B. Dose: Grade of evidence: C

Typical dose: 3mg 2–3 times daily.

C. Route of administration: Oral

D. Time to response: 4–6 months [1–5]

E. Caution: Grade of evidence: C

Elderly, moderate renal or hepatic impairment, history of urticaria, eczema or inflammatory bowel disease [3, 4].

F. Contraindications: Grade of evidence: C

- (1) Severe renal or hepatic impairment.
- (2) History of blood disorders or marrow aplasia, exfoliative dermatitis.
- (3) Systemic lupus erythematosus.
- (4) Necrotising enterocolitis.
- (5) Significant pulmonary fibrosis [3].
- (6) Porphyria [4].
- (7) Pregnancy and lactation [2–4].

G. Monitoring schedule: Grade of evidence C

	BSR
(a) Pre-treatment assessment	FBC, urinalysis, U&E, LFTs [1,2,4]
(b) Monitoring	FBC and urinalysis every 4 weeks [1,2,4,5] Patient should be asked about the presence of any skin rash or oral ulceration at each visit.

FBC: full blood count; U&E: urea and electrolytes; LFTs; liver function tests

H. Actions to be taken: Grade of evidence C

WBC < 3.5 x 10 ⁹ /l [1,2]	Withhold until discussed with specialist team.
Neutropenia < 2.0 x 10 ⁹ /l [1,2]	Withhold until discussed with specialist team.
Eosinophilia > 0.5 x 10 ⁹ /l	Caution and increased vigilance required.
Platelets < 150 x 10 ⁹ /l [1,2]	Withhold until discussed with specialist team.
If proteinuria is 2+ or more [1,2]	Check MSSU: If evidence of infection treat appropriately. If sterile and 2+ proteinuria or more persists, withhold until discussed with specialist team.
Rash (usually itchy) or oral ulceration [1,2]	Withhold until discussed with specialist team.
Abnormal bruising or severe sore throat [1,2]	Check FBC immediately and withhold until results are available.

MSSU: mid-stream specimen urine

References

Auranofin

1 White CE, Cooper RG. Prescribing and monitoring of disease-modifying antirheumatic drugs (DMARDs) for inflammatory arthritis. In: Collected reports on the rheumatic diseases 2005. Arthritis Research Campaign. Available at:

<http://www.arc.org.uk/arthritisinfo/documents/6508.pdf>

2 British Society of Rheumatology. National guidelines for monitoring of second line drugs, 2000. www.rheumatology.org.uk/

3 British National Formulary 48. Pharmaceutical Press, 2004.

4 Summary of Product Characteristics Auranofin Middlesex, UK: Astellas Pharma Ltd, 2006.

5 American College of Rheumatology Subcommittee on Rheumatoid Arthritis Guidelines.

Guidelines for the management of rheumatoid arthritis: 2002 update. Arthritis Rheum 2002;46:328–46.