

## PENICILLAMINE Drug Specific Monitoring Document



<b>TARGET AUDIENCE</b>	Board-wide
<b>PATIENT GROUP</b>	All patients aged 12 years and older taking Penicillamine

### References

- British National Formulary (2024). *BNF / NICE*. [online] NICE. Available at: <https://bnf.nice.org.uk/>.
- Specialist Pharmacy Service (2021). *Medicines Monitoring*. [online] SPS - Specialist Pharmacy Service. Available at: <https://www.sps.nhs.uk/home/tools/drug-monitoring/>.
- Electronic Medicines Compendium (2019). *Home - electronic medicines compendium (emc)*. [online] Medicines.org.uk. Available at: <https://www.medicines.org.uk/emc>

### Governance information for drug specific document

<b>Lead Author(s):</b>	Medicines Policy and Guidance Team
<b>Endorsing Body:</b>	Area Drug and Therapeutics Committee
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<b>Responsible Person (if different from lead author)</b>	Kirsty Macfarlane/Mark Russell

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<b>Medication Name</b>	<b>PENICILLAMINE</b>
<b>Actions by specialist clinician before initiation</b>	<ul style="list-style-type: none"> <li>• LFTs</li> <li>• FBC</li> <li>• Urinalysis</li> <li>• U&amp;Es</li> </ul> <p><i>For all drugs, specialist clinicians should consider whether vaccination/exclusion of other contraindications (including active infection), is required and arrange as appropriate.</i></p>
<b>DIS actions on starting treatment and following dose titration during initiation period</b>	<p>Every 2 weeks for 6 weeks to 3 months, then monthly</p> <ul style="list-style-type: none"> <li>• LFTs</li> <li>• FBC</li> <li>• Urinalysis</li> <li>• U&amp;Es</li> </ul>
<b>Ongoing monitoring in Primary Care once stable</b>	<ul style="list-style-type: none"> <li>• Monthly for a further 9 months; then every 3 months               <ul style="list-style-type: none"> <li>○ LFTs</li> <li>○ Full blood count</li> <li>○ Estimated glomerular filtration rate</li> <li>○ Urinalysis</li> </ul> </li> </ul>
<b>Action if monitoring is outside reference range</b>	<p>Consider stopping and discussing if absolute values are:</p> <ul style="list-style-type: none"> <li>• WBC less than <math>3.5 \times 10^9/L</math></li> <li>• Neutrophils less than <math>1.6 \times 10^9/L</math></li> <li>• Platelets less than <math>150 \times 10^9/L</math></li> <li>• eGFR less than 45</li> </ul> <p>Stop permanently if recurrent leucopenia or thrombocytopenia. Restart at reduced dose when counts return to reference range.</p> <p>Worsening renal function, increasing or persistent proteinuria may necessitate withdrawal of therapy.</p> <ul style="list-style-type: none"> <li>• If Proteinuria greater than 2, check mid-stream sample of urine (MSSU): If evidence of infection, treat appropriately, if sterile and persists, stop penicillamine and discuss with specialist.</li> <li>• Discuss with specialist team regarding future monitoring and continuation if new CKD 3a (eGFR&lt;60)</li> </ul>
<b>Actions to take if restarting medication after treatment break</b>	<ul style="list-style-type: none"> <li>• Can restart at reduced dose when counts return to within reference range but permanent withdrawal necessary if recurrence of leucopenia or thrombocytopenia</li> <li>• Consult specialist team for further guidance if required</li> <li>• Patients should be referred by the specialist clinician to the drug initiation hub if re-titration or enhanced monitoring is required</li> </ul>

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<b>Lead Author</b>	Kirsty Macfarlane/Mark Russell	<b>Date approved</b>	18.06.2025
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CONSULTATION AND DISTRIBUTION RECORD	
<b>Contributing Author / Authors</b>	Kirsty Macfarlane, Mark Russell, Kendal Paterson, Katrina Maroni
<b>Consultation Process / Stakeholders:</b>	LMC, GP Sub-committee, Jennifer Gibson, Karen Donaldson, Eimear Gordon, Richard Shearer, Drug Initiation Service pharmacists, Acute specialist rheumatology consultants and pharmacists.
<b>Distribution</b>	Acute specialist consultants and pharmacists, Senior primary care pharmacists, all individuals involved with the Drug Initiation Service, LMC and GP sub-committee

CHANGE RECORD			
Date	Lead Author	Change	Version

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