

Drug Monitoring Schedule

Drug	Patient info	Phleb info	Doctor info
Sulfasalazine	Blood tests monthly for first three months, then three monthly for the next nine months. If stable, reduce to six monthly for 2 nd year, and if still stable, no further monitoring. If there are any changes to dosage, back to monthly as above.	FBC LFT	If WCC<3.5, neut<2.0 or plt <150: withhold and discuss with specialist. If MCV>105: check B12/folate/TSH and treat if abnormal. If normal discuss with specialist If AST or ALT> twice upper limit: discuss with specialist
Methotrexate	Blood tests fortnightly initially until dose and tests are stable for 6 weeks. If stable, monthly blood tests for one year. If stable after first year and no risk factors on discussion with doctor (dependent on age, other health problems, kidney function, low albumin level on blood tests) can reduce to 3 monthly, but otherwise monthly blood tests required	FBC LFT UE	<ul style="list-style-type: none"> If WCC<3.5, neut<2.0 or plt <150: withhold and discuss with specialist. If MCV>105: check B12/folate/TSH and treat if abnormal. If normal discuss with specialist If AST or ALT> twice upper limit: discuss with specialist For mild/moderate renal impairment, withhold and discuss with specialist
Leflunomide	Blood tests monthly for first 6 months.. If stable, and on no other DMARD or liver toxic drug on discussion with doctor, can reduce to two monthly Need BP and weight at each visit	FBC LFT BP, weight	<ul style="list-style-type: none"> If WCC<3.5, neut<2.0 or plt <150: withhold and discuss with specialist. If AST or ALT>2-3 times upper limit: if dose is >10mg OD, reduce to 10mg OD and recheck bloods weekly. If AST/ALT normalise continue on 10mg OD. If AST/ALT still elevated, withhold and discuss with specialist. If AST or ALT>3 times upper limit: recheck within

			72hrs. If still elevated consider cholestyramine or charcoal washout, and discuss with specialist team
Sodium aurothiomalate (Myocrisin)	Blood and urine test before each injection	FBC Urine dipstick	<ul style="list-style-type: none"> If BP >140/85 (or >130/80 if renal disease, or diabetes) give BP meds. If BP still remains uncontrolled, stop leflunomide and consider washout If >10% weight loss with no other cause, reduce or stop, and consider washout. If WCC<3.5, neut<2.0 or plts <150: withhold and discuss with specialist. If 2+ proteinuria, and MSSU negative for infection, withhold and discuss with specialist
Azathioprine	<p>Blood tests weekly for 6 weeks- If stable, fortnightly for 6 weeks</p> <p>If stable, monthly for 6 months</p> <p>If stable, 3 monthly for 1 year</p> <p>If stable, 6 monthly thereafter</p>	FBCUE LFT	<ul style="list-style-type: none"> If WCC<3.5, neut<2.0 or plts <150: withhold and discuss with specialist. If MCV>105: check B12/folate/TSH and treat if abnormal. If normal discuss with specialist If AST or ALT> twice upper limit: discuss with specialist
Ciclosporin	<p>Blood tests fortnightly for 3 months- If stable, 3 monthly thereafter</p> <p>Return to fortnightly blood tests if ciclosporin dose increased or non-steroidal pain killer</p>	FBCUE (fasting lipids every 6 months)	<ul style="list-style-type: none"> If plts <150: withhold and discuss with specialist. If AST, ALT or AlkP> twice upper limit: discuss with specialist If K above normal limit: withhold and discuss with

	<p>prescribed ie ibuprofen, BP diclofenac.</p> <p>(Need to get fasting blood test for fat levels every 6 months)</p> <p>Need BP at each visit</p>	<p>specialist</p> <ul style="list-style-type: none"> If creatinine>30% rise from baseline, repeat in 1 week and if still >30% withhold and discuss with specialist If significant rise of ciclosporin, discuss with specialist If BP>140/90 on two consecutive readings two weeks apart, treat BP, and if BP not controlled, stop ciclosporin and discuss with specialist
Penicillamine	<p>Bloods and urine dipstick fortnightly for 3 months. If stable, monthly thereafter</p>	<p>FBC Urine dipstick</p> <ul style="list-style-type: none"> If WCC<3.5, neut<2.0 or plt<150: withhold and discuss with specialist. If 2+ proteinuria, and MSSU negative for infection, withhold and discuss with specialist
Hydroxychloroquine	<p>Annual eye check-up by optician</p>	<ul style="list-style-type: none"> If changes or abnormalities to vision: discuss with specialist team