

## Quick Reference Guide – Ongoing Monitoring Requirements for Disease Modifying Anti-rheumatic Drugs (DMARDs)

DMARD	FBC	U&Es/serum creatinine	LFTs	Other	BP	Urinalysis
<b>Auranofin (oral gold)</b>	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable.	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable	Check for rash & mouth ulcers at <b>each visit</b>  <b>Annual</b> fasting lipids		<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable
<b>Azathioprine</b>	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable If dose is increased, repeat after <b>2 weeks</b> , and then return to <b>monthly</b> .	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable.	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable If dose is increased, repeat after <b>2 weeks</b> , and then return to <b>monthly</b> .	<b>Annual</b> fasting lipids		
<b>Ciclosporin</b>	<b>Weekly</b> for the first month then <b>fortnightly</b> for 3 months, then <b>every 2 months</b> if stable Measure more frequently if dose increased or concomitant NSAIDs introduced or increased	<b>Weekly</b> for the first month then <b>fortnightly</b> for 3 months, then <b>every 2 months</b> if stable Measure more frequently if dose increased or concomitant NSAIDs introduced or increased	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable.	<b>Annual</b> fasting lipids	Each time patient attends for monitoring - maintain $\leq 140/90$ mmHg	
<b>Hydroxychloroquine</b>				Annual review either by an optometrist or by enquiring about visual symptoms, rechecking visual acuity and assessing for blurred vision using the reading chart. <b>Patient should be advised to report all visual disturbances</b>		

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<b>Leflunomide</b>	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable.	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable	<b>Annual</b> fasting lipids	Check BP each time patient attends for monitoring - maintain ≤140/90mmHg	
<b>Methotrexate</b> (oral and subcutaneous)	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable. If dose is increased, repeat <b>weekly</b> for one month then <b>every 2 months</b> thereafter if stable.	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable If dose is increased, repeat <b>weekly</b> for one month then <b>every 2 months</b> thereafter if stable.	<b>Weekly</b> for the first month then <b>monthly</b> for 3 months, then <b>every 2 months</b> if stable If dose is increased, repeat <b>weekly</b> for one month then <b>every 2 months</b> thereafter if stable.	<b>Annual</b> fasting lipids.  Chest x ray if newly commenced on methotrexate s/c OR if reinstating therapy after a rest period (unless done within previous 6 months)		
<b>Mycophenolate mofetil</b>	<b>Weekly</b> for the first month then if stable twice monthly for 3 months then every 2 months thereafter if stable	<b>Weekly</b> for the first month then if stable twice monthly for 3 months then every 2 months thereafter if stable	<b>Weekly</b> for the first month then if stable twice monthly for 3 months then every 2 months thereafter if stable	<b>Annual</b> fasting lipids		
<b>Penicillamine</b>	<b>Weekly</b> for the first month then <b>monthly</b> if stable. If dose is increased, repeat in the week after any increase & then return to monthly except in renal impairment when fortnightly.	<b>Weekly</b> for the first month then <b>monthly</b> if stable except in renal impairment when fortnightly.	<b>Weekly</b> for the first month then <b>monthly</b> if stable.  If dose is increased, repeat in the week after any increase and then return to monthly except in renal impairment when fortnightly.	Check for rash & mouth ulcers at each visit  <b>Annual</b> fasting lipids		<b>Weekly</b> for the first month then <b>monthly</b> thereafter if stable except in renal impairment when fortnightly.
<b>Sodium aurothiomalate (im gold)</b>	FBC at the time of each injection. It is permissible to work one FBC in arrears.	<b>6 monthly</b>	<b>6 monthly</b>	Check for rash & mouth ulcers before each injection, annual Chest x-ray/fasting lipids		At the time of each injection.

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DMARD	FBC	U&Es/serum creatinine	LFTs	Other	BP	Urinalysis
<b>Sulfasalazine</b> (Sulphasalazine)	<p>Monthly for the first 3 months, then <b>3 monthly</b> thereafter if stable.</p> <p>If following the first year dose and blood results have been stable, frequency of blood tests can be reduced to <b>6 monthly</b>.</p> <p>After 2 years monitoring can be discontinued if stable.</p> <p>Following any dose changes repeat FBC one month after dose increase then revert to usual monitoring regime if stable.</p>	<p>Monitor for the 1<sup>st</sup> 3 months, then 6 monthly or as clinically indicated</p>	<p>Monthly for the first 3 months, then <b>3 monthly</b> thereafter if stable.</p> <p>If following the first year dose and blood results have been stable, frequency of blood tests can be reduced to <b>6 monthly</b>.</p> <p>After 2 years monitoring can be discontinued if stable.</p> <p>Following any dose changes repeat FBC one month after dose increase then revert to usual monitoring regime if stable.</p>	<p>Check for rash&amp; mouth ulcers at each visit</p> <p><b>Annual</b> fasting lipids</p>		<p>Monitor for the 1<sup>st</sup> 3 months, then 6 monthly or as clinically indicated</p>

Based on the table prepared by BSR/ BHPR DMARD guideline group: [http://www.rheumatology.org.uk/includes/documents/cm\\_docs/2009/d/dmard\\_grid\\_november\\_2009.pdf](http://www.rheumatology.org.uk/includes/documents/cm_docs/2009/d/dmard_grid_november_2009.pdf)