
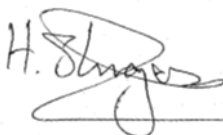


	Document Control Page
Title	Quick reference guidelines for monitoring of disease modifying anti-rheumatic drug (DMARD) therapy
Amendments	Myocrisin removed
Additions	None
Version	5
Supersedes	4
PMSKP : PGD Number	024
Originator	Sarah Critchley, Rheumatology Nurse Specialist
Reviewed by	Sarah Critchley, Rheumatology Nurse Specialist
Authorisation	Pennine MSK Partnership Limited Dr Rob Ley - Consultant Rheumatologist/Rheumatology Lead Signed  Date <u>2/08/2021</u>
	Pennine MSK Partnership Limited Dr Hugh Sturgess - Executive Director  Signed Date <u>3/08/2021</u>
Circulation List	To be circulated to: All staff employed by Pennine MSK Partnership Limited All contracted staff to Pennine MSK Partnership Limited NB: All staff to read and ensure appropriate action taken.
Reviewed date	29/07/2021
Expiry date	29/04/2023
Review due	29/07/2023

Drug	Dose	Pre Treatment	FBC	U&E	LFT	Glucose	Blood Pressure (BP)	Urine Analysis	Weight	Frequency/Comment
Methotrexate Folic acid	10-25mg once a week 2.5mg tablets only to be prescribed Minimum 5mg once a week >24hrs after methotrexate	Baseline height, weight, BP, FBC, U&E and LFT. Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes					FBC, U&E, LFT every 2 weeks until on a stable dose for 6 weeks. Then monthly for 3 months. Thereafter every 12 weeks.
Sulfasalazine	500mg od increasing the dose by 500mg each week to a maximum of 2-3g/day.	Baseline height, weight, BP, FBC, U&E and LFT. Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes					FBC, U&E, LFT every 2 weeks until on a stable dose for 6 weeks. Then monthly for 3 months. Thereafter every 12 weeks for 12 months then no routine monitoring required if stable.

Drug	Dose	Pre Treatment	FBC	U&E	LFT	Glucose	Blood Pressure (BP)	Urine Analysis	Weight	Frequency/Comment
Hydroxychloroquine	200 – 400mg daily	Baseline height, Weight, BP, FBC, U&E and LFT. Vaccinations against pneumococcus and flu are recommended								No routine Laboratory monitoring
Azathioprine	1mg/kg/day increase at 6 weekly intervals to max 3mg/kg/day	Baseline height, weight, BP, FBC, U&E and LFT. Baseline Thiopurine Methyltransferase (TPMT) to be assessed. Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes					FBC, U&E, LFT every 2 weeks until on a stable dose for 6 weeks. Then monthly for 3 months. Thereafter every 12 weeks.

Drug	Dose	Pre Treatment	FBC	U&E	LFT	Glucose	Blood Pressure (BP)	Urine Analysis	Weight	Frequency/Comment
Ciclosporin	Start 2.5mg/kg/day in two divided doses for 6 weeks. Then may be incrementally increased by 25mg at 2-4 weekly intervals until clinically effective or maximum dose of 4mg/kg is reached.	Baseline height, weight, BP, FBC, U&E and LFT. Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes	Yes	Yes			FBC, U&E, LFT, glucose and BP every 2 weeks until on a stable dose for 6 weeks. Then monthly for at least 12 months.
Leflunomide	10-20mg daily.	Baseline height, weight, BP, FBC, U&E and LFT. Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes		Yes			FBC, U&E, LFT, BP and weight every 2 weeks until on a stable dose for 6 weeks. Then monthly for 3 months. Thereafter every 12 weeks. If used in combination with methotrexate monitoring should remain at monthly for at least 12 months

Drug	Dose	Pre Treatment	FBC	U&E	LFT	Glucose	Blood Pressure (BP)	Urine Analysis	Weight	Frequency/Comment
Mycopenolate Mofetil	500mg od increasing weekly by 500mg to maximum dose 3g/day	Baseline height, weight, BP, FBC, U&E and LFT. Vaccinations against pneumococcus and flu are recommended	Yes	Yes	Yes					FBC, U&E, LFT every 2 weeks until on a stable dose for 6 weeks. Then monthly for at least 12 months.

References

The above table has been produced from information documented within “BSR/BHPR Non-Biologic DMARD Guidelines” (2017)