

Summary of Monitoring Requirements for Medicines used in Nottinghamshire APC Rheumatology Shared Care Protocols

Medicine (Click on drug name to see prescribing information sheet)	Time period in Treatment	Frequency of Monitoring	FBC	LFT	U&E	BP	Urinary protein
Methotrexate And Azathioprine	0-6 weeks	Fortnightly	✓	✓	✓		
	6 weeks – 3 months	Monthly	✓	✓	✓		
	>3 months and stable dose for 6 weeks	3 monthly	✓	✓	✓		
	Any dose increase	2 weeks post dose increase then revert to above protocol	✓	✓	✓		
Leflunomide WITHOUT another immunosuppressant or methotrexate	As for methotrexate & azathioprine	As for methotrexate & azathioprine				✓	
Leflunomide AND another immunosuppressant or methotrexate	As for methotrexate & azathioprine except for > 3 months	Continue monthly Dose increase monitoring as above	✓	✓	✓	✓	
Ciclosporin	As for methotrexate & azathioprine except for > 3 months	Continue monthly Dose increase monitoring as above	✓	✓	✓	✓	
Penicillamine	As for methotrexate & azathioprine	As for methotrexate & azathioprine					✓
Sulfasalazine	As for methotrexate & azathioprine except for > 2 years	Blood monitoring can be discontinued in primary care after 2 years on treatment					
Hydroxychloroquine	Any time	No primary care blood monitoring required. Ophthalmology monitoring is the responsibility of the specialist, but the patient must be advised to report any visual disturbances immediately to the GP / Optometrist.					