KISS: Monitoring of Disease Modifying Drugs (DMARDS)

BSR guideline June 2017 and CKS October 2017

- **Standard monitoring schedule:**
  - FBC, U&E (inc. eGFR), ALT +/- AST and albumin every 2 weeks after initiation or dose increase until on stable dose for 6 weeks
  - Then same blood tests monthly for 3 months
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Drug	Lab monitoring	Other monitoring
Apremilast	No routine lab monitoring needed	None
Azathioprine (AZA)	Standard monitoring schedule	None
Ciclosporin	Extend monthly monitoring long term*	BP & glucose at each monitoring
Gold	Standard monitoring schedule	Urine for blood/protein prior to each dose
Hydroxychloro-quine	No routine lab monitoring needed	If on treatment >5 years annual eye assessment needed
Leflunomide (LEF)	Standard monitoring schedule	BP & weight at each monitoring
Mepacrine	No routine lab monitoring needed	None
Methotrexate (MTX)	Standard monitoring schedule	None
MTX and LEF combined	Extend monthly monitoring long term*	None
Mycophenolate	Standard monitoring schedule	None
Sulfasalazine (SSZ)	Standard monitoring schedule for 12 months then no routine monitoring needed	None
Tacrolimus	Extend monthly monitoring long term*	BP & glucose at each monitoring
*	If stable for 12 months reduced fre-quency of monitoring can be consid-ered on individual patient basis	

- **Consider stopping treatment** if any of the following develop (contact rheumatology urgently for advice):
  - WCC <3.5 x 10^9/l
  - MCV >105 fL
  - Neutrophils <1.6 x 10^9/l
  - Platelets <140 x 10^9/l
  - Unexplained eosinophilia >0.5 x 10^9/l
  - Creatinine increase >30% over 12 months and/or eGFR <60 ml/min
  - ALT and/or AST >100U/l
  - Unexplained reduction in albumin <30 g/l
- During a **serious infection** MTX, LEF, SSZ, AZA, apremilast, mycophenolate, ciclosporin and tacrolimus should be discontinued - seek specialist advice