

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	Weight	HbA1c
Methotrexate OR 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 or azathioprine	As for methotrexate or azathioprine				✓	✓ At each visit	
Leflunomide AND another immunosuppressant or methotrexate	As for methotrexate or azathioprine, except for > 3 months	Continue monthly Dose increase monitoring as above	✓	✓	✓	✓	✓ At each visit	
Ciclosporin	As for methotrexate or azathioprine, except for > 3 months	Continue monthly Dose increase monitoring as above	✓	✓	✓	✓		✓
Sulfasalazine	As for methotrexate or azathioprine, except for > 12 months	After 12 months no routine monitoring is required for the majority of patients (unless there is a dose change). The decision to discontinue monitoring should be following advice from the specialist. Annual serum creatinine or eGFR may be considered.						
Hydroxychloroquine	No routine primary care blood monitoring is required.	Annual optician review (arranged by the patient). Referral to ophthalmology after 5 years [unless other risk factors] is the responsibility of the specialist. The patient must be advised to report any visual disturbances immediately to the GP / Optometrist.						