



DMARD monitoring card

Baseline tests, monitoring, action thresholds, pregnancy and vaccines. The prescribing team's shared-care plan takes precedence.

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A typical schedule for methotrexate, leflunomide, sulfasalazine, azathioprine and mycophenolate

Before starting	Baseline tests in each drug's row below
First 3–6 months, or after a dose increase	Every 2–4 weeks at first, then about monthly. BSR 2025: week 2, then monthly for the first 3–6 months.
Stable	About every 3 months. BSR 2025 allows longer intervals for some patients after an individual risk review.

Pause and contact the prescribing team if

White cells	Below $3.5 \times 10^9/L$
Neutrophils	Below $1.6 \times 10^9/L$
Platelets	Below $140 \times 10^9/L$
ALT or AST	Above 100 U/L (or a sustained rise above about 3 times normal)
Albumin	An unexplained fall below 30 g/L
Kidney function	Creatinine up by more than 30% from baseline, or a falling eGFR. Methotrexate is generally avoided below an eGFR of 30.
MCV	Above 105 fL: check B12, folate and TSH
Eosinophils	Unexplained rise above $0.5 \times 10^9/L$

BSR 2025 stresses trends over single values; many isolated abnormalities are transient or unrelated to the drug. These thresholds are commonly used in shared-care protocols.

- New cough, breathlessness or fever on methotrexate: stop and assess for pneumonitis or infection the same day.
- Mouth ulcers, bruising or a sore throat can be early signs of marrow toxicity. Check a CBC.
- Hold DMARDs during a serious infection (needing IV antibiotics or admission) and restart when it has resolved.

MEDICINE	BEFORE STARTING	MONITORING	WATCH FOR	PREGNANCY AND BREASTFEEDING
Methotrexate	CBC, metabolic panel, hepatitis B and C, chest X-ray	CBC, creatinine, ALT every 2–4 weeks for 3 months, then every 8–12 weeks; about every 12 weeks when stable	Once weekly only; folic acid; no trimethoprim; avoid if eGFR below 30; new cough could be pneumonitis	Stop 1–3 months before conception. Breastfeeding: generally avoid. Men: may continue (25 mg/week or less)
Hydroxychloroquine	Baseline retinal exam (OCT and autofluorescence) soon after starting	Yearly retinal screening from 5 years (from the start with risk factors)	5 mg/kg/day or less of actual weight, and no more than 400 mg/day in severe obesity; QT prolongation	Compatible; continue in lupus. Breastfeeding: compatible
Sulfasalazine	CBC, metabolic panel	As for methotrexate	Sulfonamide allergy; rash or low counts in the first 3 months; orange body fluids	Compatible (with folic acid). Breastfeeding: compatible in healthy term infants
Leflunomide	CBC, metabolic panel, hepatitis B and C, blood pressure	As for methotrexate, plus blood pressure and weight	Liver toxicity, hypertension, diarrhea; very long half-life	Avoid; washout with cholestyramine. Breastfeeding: avoid. Men: may continue

MEDICINE	BEFORE STARTING	MONITORING	WATCH FOR	PREGNANCY AND BREASTFEEDING
Azathioprine	TPMT (and NUDT15), CBC, metabolic panel	CBC and liver tests every 2 weeks at first, then the standard schedule	Allopurinol or febuxostat interaction; skin cancer	Compatible. Breastfeeding: compatible
Mycophenolate (MMF, mycophenolic acid)	CBC, metabolic panel, pregnancy test, contraception	CBC and liver tests every 2 weeks at first, then the standard schedule	Teratogenic; GI upset; infections	Stop 6 weeks or more before conception. Breastfeeding: avoid. Men: may continue (EULAR); US label: contraception until 90 days after
Tacrolimus, cyclosporine, voclosporin	Blood pressure, creatinine, potassium, magnesium, glucose, lipids	BP, creatinine and electrolytes often; drug levels (tacrolimus, cyclosporine)	CYP3A4 interactions; kidney toxicity; hypertension	Tacrolimus and cyclosporine compatible; voclosporin avoided
Glucocorticoids (prednisone, prednisolone)	Blood pressure, glucose, FRAX/DXA if long-term	BP, glucose, weight, bone health, eyes	Taper after about 3 weeks; consider Pneumocystis prophylaxis at high doses with other immunosuppressants	Prednisone/prednisolone can be used (5 mg/day or less where possible). Breastfeeding: compatible
TNF inhibitors	TB (IGRA), hepatitis B and C, CBC, liver tests	CBC and liver tests periodically; repeat TB screening if exposure continues	Serious infection; avoid in moderate to severe heart failure and demyelinating disease	Can continue throughout pregnancy. Breastfeeding: compatible
IL-6 receptor inhibitors	TB, hepatitis B and C, CBC, liver tests, lipids	CBC and ALT at 4–8 weeks, then about every 3 months; lipids	Hides CRP and fever in infection; GI perforation; low neutrophils	May be used if needed. Breastfeeding: considered compatible
JAK inhibitors	TB, hepatitis B and C, CBC, liver tests, lipids, creatinine; zoster vaccine	CBC and liver tests at 4–8 weeks, then about every 3 months; lipids at 4–8 weeks (tofacitinib) or about 12 weeks (baricitinib, upadacitinib)	Boxed warning: infection, MACE, thrombosis, cancer; shingles	Avoid. Breastfeeding: avoid
Rituximab	Hepatitis B (HBsAg, anti-HBc), hepatitis C, immunoglobulins, CBC	CBC and IgG before each cycle	Low IgG; hepatitis B reactivation; blunted vaccine responses	May be used if needed. Breastfeeding: considered compatible
Abatacept	TB, hepatitis B and C	No routine labs in JIA; periodic CBC in adults	Infection; COPD	May be used if needed. Breastfeeding: considered compatible
IL-17 and IL-23 pathway inhibitors	TB, hepatitis B and C	Clinical review	IL-17: candidiasis, IBD flares. IL-23 inhibitors not for axSpA	Depends on agent (EULAR 2024)
Belimumab and anifrolumab	Hepatitis B and C, immunoglobulins, CBC	CBC at lupus visits	Belimumab: mood; anifrolumab: shingles	Belimumab if needed; anifrolumab only if no alternative
IL-1 inhibitors	TB, hepatitis B and C, CBC	CBC periodically (more often early with anakinra)	Low neutrophils (anakinra); injection-site reactions	Anakinra and canakinumab may be used if needed. Breastfeeding: considered compatible
Apremilast and deucravacitinib	Apremilast: none (kidney function for dose). Deucravacitinib: TB and labs per label	Apremilast: weight and mood	Diarrhea, weight loss, low mood (apremilast); acne (deucravacitinib)	Avoid. Breastfeeding: avoid
Colchicine	Kidney and liver function; check interactions	CBC and CK with CKD or long-term high doses	Strong CYP3A4/P-gp inhibitor interactions; myopathy	Compatible. Breastfeeding: compatible

MEDICINE	BEFORE STARTING	MONITORING	WATCH FOR	PREGNANCY AND BREASTFEEDING
Allopurinol and febuxostat	Urate, eGFR, liver tests; HLA-B*58:01 when indicated	Urate after each dose increase (often every 2–5 weeks), then about every 6 months	Allopurinol hypersensitivity (start low); azathioprine interaction; febuxostat CV warning	Usually avoided

Full details for each medicine, including vaccines and men planning conception: rheumreferral.com/refer/dmard-monitoring/

Children and adolescents

- Doses are weight-based; review doses as children grow.
- Check growth and blood pressure at least twice yearly on chronic glucocorticoids, and lipids, glucose, bone and eyes at least yearly (ACR 2026).
- Methotrexate: CBC, liver tests and kidney function within the first 1–2 months, then every 3–4 months, with folic or folinic acid (ACR 2026).
- NSAIDs: CBC, liver tests and kidney function every 6–12 months. Hydroxychloroquine: yearly CBC and liver tests, and baseline and annual retinal screening (ACR 2026).
- TNF inhibitors: CBC and liver tests yearly. IL-6 inhibitors: within 1–2 months, then every 3–4 months, plus lipids every 6 months. Abatacept: no routine labs (ACR 2026).
- Update vaccines before immunosuppression starts. BSR 2025 suggests checking varicella and measles immunity in children before csDMARDs.

Vaccines: inactivated vaccines are safe on all DMARDs and biologics. Live vaccines are generally avoided on immunosuppression; plan them before treatment starts. Consider holding methotrexate for 2 weeks after influenza vaccination (ACR 2022).

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