

**Recommended schedule for the Monitoring, Administration and Prescribing service (MAPs)  
April 2018 (updated May 2020)**

Drug	SCG available	ALT and/or AST	Albumin	Serum creatinine or eGFR	FBC	Urinalysis for blood and protein	Blood pressure	Blood glucose	Clotting screen	Serum calcium	Serum electrolytes
<b>Azathioprine</b>	Yes	Specialist to initiate and monitor until dose is stable (usually two to three months)  <ul style="list-style-type: none"> <li>• Test every two weeks until dose has been stable for six weeks</li> <li>• Then test once a month for the next three months</li> <li>• Then test once every three months</li> </ul>									
<b>Mercaptopurine</b>	Yes										
<b>Mycophenolate mofetil</b>	Yes										
<b>Sulfasalazine*</b>	Yes										
<b>Sodium Aurothiomalate (Gold)</b>	Yes	*No need for routine monitoring of the sulfasalazine after 12 months if blood results are stable.				Prior to each injection					
<b>Leflunomide</b>	Yes	Specialist to initiate and monitor until dose is stable (usually two to three months) and after any change in dose  <ul style="list-style-type: none"> <li>• Test every two weeks until dose has been stable for six weeks</li> <li>• Then test once a month for the next three months</li> <li>• Then test once every three months*</li> </ul>					At each monitoring visit				
<b>Methotrexate</b>	Yes						*Continue to monitor once a month if the patient is taking leflunomide and methotrexate				
<b>Penicillamine</b>	No			<ul style="list-style-type: none"> <li>• Every two weeks until dose has been stable for three months</li> <li>• Then test once a month</li> <li>• Where dose has been stable for twelve months, monitoring may be reduced to once every three months for some patients but this needs to be determined on an individual clinical basis</li> </ul>							
				Following any change in dose, monitor every two weeks until dose has been stable for six weeks, then revert to previous schedule.							

Drug	SCG available	ALT and/or AST	Albumin	Serum creatinine or eGFR	FBC	Urinalysis for blood and protein	Blood pressure	Blood glucose	Clotting screen	Serum calcium	Serum electrolytes
<b>Ciclosporin (prescribed by brand)</b>	Yes	Specialist to initiate and monitor until dose is stable (usually six to twelve weeks) <ul style="list-style-type: none"> <li>• Test every two weeks until dose has been stable for six weeks</li> <li>• Test once a month for the next three months</li> <li>• Then test once every three months</li> </ul> Following any change in dose, monitor every two weeks until dose has been stable for six weeks, then revert to previous schedule.					At each monitoring visit				
<b>Tacrolimus (prescribed by brand)</b>	Yes, following liver transplant (Prograf brand)  NB: Tacrolimus prescribing following renal transplant remains within secondary care.	Specialist to initiate and monitor for at least three months <ul style="list-style-type: none"> <li>• Test every one to three months for the first two years of treatment*</li> <li>• Then test every six months</li> </ul> *Exact monitoring schedule for the first two years should be agreed with the specialist on an individual basis.					Specialist to initiate and monitor for at least three months <ul style="list-style-type: none"> <li>• Test every one to three months for the first two years post transplant*</li> <li>• Then test every six months</li> </ul> *Exact monitoring schedule for the first two years should be agreed with the specialist on an individual basis.			Specialist to initiate and monitor for at least three months <ul style="list-style-type: none"> <li>• Test every one to three months for the first two years post transplant*</li> <li>• Then test every six months</li> </ul> *Exact monitoring schedule for the first two years should be agreed with the specialist on an individual basis.	
<b>Mesalazine</b>	No	<ul style="list-style-type: none"> <li>• Prior to initiating treatment</li> <li>• Then every three months for the first year</li> <li>• Then every six to twelve months depending on individual risk factors</li> </ul>			<ul style="list-style-type: none"> <li>• Prior to initiating treatment</li> <li>• Thereafter if clinically indicated</li> </ul>						
<b>Denosumab</b>	No Prescribing may be initiated in primary care.			Test before each dose						Test before each dose.  For any patients predisposed to hypocalcaemia the minimum frequency of testing is: <ul style="list-style-type: none"> <li>• Before each dose</li> <li>• Then within two weeks of a dose</li> <li>• Then again within three months of a dose</li> </ul>	

Drug	SCG available	Liver function tests	Thyroid function tests (T3, T4 & TSH)	Urea and electrolytes	Chest X-ray	ECG and heart rate	Ophthalmic examination	Additional monitoring
Amiodarone	No	Prior to initiation. Repeat every 6 months. Continue for 12 months after stopping treatment with amiodarone		Prior to initiation. Repeat every 6 months.	Prior to initiation. Repeat if pulmonary toxicity is suspected (e.g. cough, breathlessness) and refer to specialist	Prior to initiation. Repeat every 12 months	Prior to initiation. Urgent referral for examination required on development of any visual disturbance	Amiodarone interacts with many other drugs. Additional monitoring may be required where other drugs are started or stopped or where the dose of any drug is changed. For example: • Increased frequency of INR testing with warfarin • Digoxin levels (usually need to halve digoxin dose) Check the information on individual drugs for full details.
Methylphenidate	Yes					Heart rate only: Every 6 months and at the time of any dose adjustment		Blood pressure: Every 6 months and at the time of any dose adjustment  Height: Every 6 months  Weight: Every 6 months
Atomoxetine	Yes							
Dexamfetamine	Yes							
Lisdexamfetamine	Yes							