

SULFASALAZINE Drug Specific Monitoring Document



TARGET AUDIENCE	Board-wide
PATIENT GROUP	All patients aged 12 years and older taking Sulfasalazine

References

- British National Formulary (2024). *BNF / NICE*. [online] NICE. Available at: <https://bnf.nice.org.uk/>.
- Specialist Pharmacy Service (2021). *Medicines Monitoring*. [online] SPS - Specialist Pharmacy Service. Available at: <https://www.sps.nhs.uk/home/tools/drug-monitoring/>.
- Electronic Medicines Compendium (2019). *Home - electronic medicines compendium (emc)*. [online] Medicines.org.uk. Available at: <https://www.medicines.org.uk/emc>

Governance information for drug specific document

Lead Author(s):	Medicines Policy and Guidance Team
Endorsing Body:	Area Drug and Therapeutics Committee
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Responsible Person (if different from lead author)	Kirsty Macfarlane/Mark Russell

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Medication Name	SULFASALAZINE
Actions by specialist clinician before initiation	<ul style="list-style-type: none"> • FBC • LFTs • U&Es • eGFR <p>For all drugs, specialist clinicians should consider whether vaccination/exclusion of other contraindications (including active infection), is required and arrange as appropriate.</p>
DIS actions on starting treatment and following dose titration during initiation period	<ul style="list-style-type: none"> • Every 2 weeks until on stable dose for 6 weeks, then monthly for 3 months <ul style="list-style-type: none"> ○ FBC ○ LFTs ○ U&Es
Ongoing monitoring in Primary Care once stable	<ul style="list-style-type: none"> • At least every 12 weeks for first 12 months <ul style="list-style-type: none"> ○ FBC ○ LFTs ○ U&Es • U&Es Annually – U&Es if known CKD <p><i>Note, there is no routine monitoring needed after 12 months as per British Society of Rheumatology guidelines. BNF acknowledges lack of evidence for routine monitoring. However cessation may be necessary in severe impairment so annual monitoring is advised in known CKD.</i></p>
Action if monitoring is outside reference range	<p>Stop treatment and contact consultant if any of the following develop.</p> <p>Full blood count</p> <ul style="list-style-type: none"> • WCC less than $3.5 \times 10^9/L$ • Neutrophils less than $1.6 \times 10^9/L$ • Unexplained eosinophilia greater than $0.5 \times 10^9/L$ • Platelets less than $140 \times 10^9/L$ • Albumin less than 30g/L (or unexplained fall) • MCV greater than 105f/L <p>Liver function</p> <ul style="list-style-type: none"> • ALT and/or AST greater than 100 units/L <p>Renal function</p> <ul style="list-style-type: none"> • Creatinine increase greater than 30% above baseline over first 12 months • eGFR less than 30ml/min/1.73m²
Actions to take if restarting medication after treatment break	<p>Actions may vary. Consult specialist team for further guidance if required.</p> <p>Patients should be referred by the specialist clinician to the drug initiation hub if re-titration or enhanced monitoring is required</p>

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CONSULTATION AND DISTRIBUTION RECORD	
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Consultation Process / Stakeholders:	LMC, GP Sub-committee, Jennifer Gibson, Karen Donaldson, Eimear Gordon, Richard Shearer, Drug Initiation Service pharmacists, Acute specialist consultants and pharmacists.
Distribution	Acute specialist consultants and pharmacists, Senior primary care pharmacists, all individuals involved with the Drug Initiation Service, LMC and GP sub-committee

CHANGE RECORD			
Date	Lead Author	Change	Version

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