Provtagning och kontroller vid antireumatisk behandling

Rekommendation från Svensk Reumatologisk Förening 2026.

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Dokumentet är baserat på en sammanvägning av genomgång av aktuella FASS texter och studier (varav ett urval finns som referenser nedan), klinisk erfarenhet och slutligen vid behov konsensusförfarande.

Rekommendationen ska ses som ett stöd för utformande av lokala kontrollrutiner. I tabellform anges de prover som bör analyseras baserat på respektive preparats säkerhetsprofil. Individuell anpassning baserat på komorbiditet mm görs efter behov. I övrigt analyseras givetvis diagnosspecifika prover och prover för effektutvärdering med individuellt anpassade intervall (oftast vid återbesök).

Läkemedlen är uppdelade i grupperna konventionella syntetiska DMARDs (disease modifying anti-rheumatic drugs), biologiska DMARDs och målinriktade syntetiska DMARDs. Inom varje grupp är läkemedlen ordnade i bokstavsordning baserat på generiskt namn. Rekommendationerna gäller för alla generiska preparat och biosimilarer till listade originalpreparat.

Konventionella syntetiska DMARDs (csDMARDs)/immunmodulerande läkemedel:			
Generella startprover: Hb, LPK, TPK, ALAT, kreatinin, SR, CRP, hepatit B-screening*			
Läkemedel	**Innan start utöver generella startprover**	**Under behandling**	**Intervall**
Immunsupprimerande som agerar genom att påverka nukleärsyrors syntes			
Azatioprin	Se kommentar nedan angående TPMT**	Hb, LPK, TPK, ALAT	0-3 m: 14 d 3-6 m: 1 m 6 m -: 3-6 m
Cyklofosfamid, infusion	Urinsticka	Hb, LPK, TPK, ALAT, urinsticka	dag 0 & 10
Cyklofosfamid, tablett	Urinsticka	Hb, LPK, TPK, ALAT, urinsticka	0-3 m: 14 d 3 m -: 1 m
Leflunomid	Blodtryck	Hb, LPK, TPK, ALAT Blodtryck 3ggr ca 1 gång per månad initialt samt därefter vid återbesök	0-3 m:14 d 3-6 m: 1m 6 m- : 3 m
Metotrexate		Hb, LPK, TPK, ALAT Kreatinin kan övervägas som kontrollprov (utöver vid återbesök) hos äldre	0-3 m: 14 d 3-6 m: 1 m 6 m- : 3–6 m

Mykofenolatmofetil	B-celler (differentialräkning av leukocyter)	Hb, LPK, TPK, B-celler (differentialräkning av leukocyter) Immunglobuliner	0-3 m: 14 d 3-6 m: 1 m 6-12 m: 2 m 12 m-: 3 m Vid upprepade infektioner
Sulfasalazin	Se kommentar nedan angående HLA-typning inför insättning***	Hb, LPK, TPK, ALAT	0-3 m: 14 d 3-12 m- : 3-6 m 12m-: 3-12 m§
Antimalaria			
Hydroxiklorokin Klorokinfosfat (avregistrerad)	Ögonkontroll (separat SRF rekommendation)		Ingen regelbunden kontrollprovtagning
Calcineurin inhibitorer			
Ciklosporin	Blodtryck 2 gånger, urinsticka	LPK, ALAT, kreatinin Blodtryck 3ggr ca 1 gång per månad initialt samt därefter vid återbesök	0-3 m: 14 d 3-6 m: 1m 6 m- : 3 m
Takrolimus	B-glukos, HBA1c, Urinsticka Blodtryck 2 gånger EKG (QT-förlängning)	Hb, LPK, TPK, ALAT, Kreatinin, B-glukos Blodtryck 3 gånger ca 1 gång per mån och därefter vid återbesök Takrolimus koncentration ****	0-1m: 7 d 2-3 m: 14 d 4-6 m: 1 m 6 m-: 3 m
Voklosporin	eGFR, kalium, urinsticka Blodtryck 2 gånger EKG (QT-förlängning),	Hb, kreatinin (eGFR), kalium, urinsticka Blodtryck var 14 d första månaden, därefter 1 gång per månad vid två tillfällen, därefter inför återbesök	0-1m: 14 d 2 m-6m: 1 m 6m-: 3 m
Cytoskeletts inhibitorer			
Kolkicin		Hb, LPK, TPK, ALAT, kreatinin	Från start: var 3:e mån

* se separat SRF rekommendation

**Kommentar azatioprin: Genotypning av tiopurin metyltransferas (TPMT) eller mätning av enzymatisk aktivitet av TPMT rekommenderas i nuläget inte som generellt startprov. En omfattande litteraturgenomgång (Booth 2010) har inte funnit stöd för att generell testning före terapistart påverkar senare förekomst av biverkningar/leukopeni i klinisk praxis.

*** Kommentar sulfasalazin: HLA-B*08:01 samt HLA-A*31:01 har visat en association med förekomst av agranulocytos i vissa studier (Wadelius 2017). I nuläget rekommenderas inte genetiska tester inför sulfasalazin insättning som generellt startprov. De ger en generell uppskattning av risk för agranulocytos utan att kunna ersätta mätningen av blodstatus enligt nuvarande rutiner.

**** Att kontrolleras vid varje provtagning som dalvärde (dvs innan nästa dos) tills koncentration har varit stabil under minst en månad med oförändrad dos. Därefter rekommenderas kontroll vid återbesök, vid viktändring, utebliven effekt eller misstänkta biverkningar. Enligt litteratur önskad koncentration >5 ng/mL

§ Kommentar sulfasalazin: vid patienter med CKD (kronisk njursjukdom) stadium 3 eller diabetes samt vid de som har kombinationsbehandling med methotrexate och leflunomide kan vara av värde fortsätta med prover var 3:e eller 4:e månad, medan i frånvaro av dessa riskfaktorer kan provtagning glesas ut (till ex en eller två gånger per år).

Biologiska DMARDs (bDMARDs) inkluderande biosimilarer:
Generella startprover: Hb, LPK, TPK, ALAT, kreatinin, SR, CRP, hepatit B-screening*, TB-screening* Inför infusion (samtliga preparat): överväg CRP som del i uteslutande av aktiv infektion

Läkemedel	Innan start utöver generella startprover	Under behandling	Intervall
Hämmande av co-stimulations signal			
Abatacept iv/sc		LPK, TPK, ALAT	Inför infusion: 0-6m >6 m- : individuellt Subkutant: 0-3 m: vid 3 m 3 m- : individuellt
Interleukin-1 hämmare			
Anakinra	Neutrofiler	Neutrofiler	0-6 m: 1 m 6 m- : 3m
Interferon alpha receptor blockare			
Anifrolumab		Individuell ordination^	
BAFF-APRIL blockare			
Belimumab iv/sc		Hb, LPK, TPK, ALAT	Inför infusion: 0-6 m >6 m- : individuellt Subkutant: 0-3m: 1 m 3m-: var 3:e m
Interleukin-5 hämmare			
Benralizumab			Ingen regelbunden kontrollprovtagning
Mepolizumab			Ingen regelbunden kontrollprovtagning
Interleukin-6 hämmare			
Sarilumab	Neutrofiler Lipider kan övervägas för utgångsvärde	Neutrofiler, TPK, ALAT Lipider	0-6 m: 1 m 6 m-: 3m (om dosjustering enl FASS använd därefter individuella provtagningsintervall) Efter ca 3 m och därefter individuellt beroende på resultat och åtgärd
Tocilizumab iv/sc	Neutrofiler Lipider kan övervägas för utgångsvärde	Neutrofiler, TPK, ALAT Lipider	Inför infusion: 0-6 m >6 m- : individuellt Subkutant: 0-6 m: 1m 6 m-: 3m (om dosjustering enl FASS använd därefter individuella provtagningsintervall) Efter ca 3 m och därefter individuellt beroende på resultat och åtgärd
IL-17 hämmare			
Bimekizumab **Ixekizumab** **Sekukinumab**		Neutrofiler	Ingen regelbunden kontrollprovtagning Vid infektionsproblematik
IL-12 och IL-23 hämmare			
Ustekinumab			Ingen regelbunden kontrollprovtagning
Guselkumab		ALAT	0-3 m:1m 3 m -: var 6:e m (vid dos var 4:e v)
Risankizumab		ALAT	0-3 m:1m
TNF-hämmare			
Infliximab **Adalimumab**		Neutrofiler, ALAT	Inför infusion: 0-6 m >6 m- : individuellt

Etanercept **Golimumab** **Certolizumab pegol**			Subkutant: 0-3 m: efter 2-6 v samt vid 3 m 3 m-: 3-6 m
Anti-CD20			
Rituximab **Obinutuzumab**	Neutrofiler, immunglobuliner	 Neutrofiler, immunglobuliner	Ingen regelbunden kontrollprovtagning** Vid infektionsproblematik överväg kontroll av immunglobuliner inför upprepad behandling hos patienter med lång behandlingstid

*se separata SRF rekommendationer
** anpassad provtagning bör dock övervägas individuellt och baserat på specifik diagnos (t ex neutrofila vid SLE och vaskulit)
^utifrån FASS och säkerhetssignaler i studier ej behov av generell kontrollprovtagning. Med tanke på nytt läkemedel och behandlingsindikation SLE får kontrollprover övervägas på individuell bas

Målinriktade syntetiska DMARDs (tsDMARDs):			
Generella startprover: Hb, LPK, TPK, ALAT, kreatinin, SR och CRP För baracitinib, tofacitinib, filgotinib och upadacitinib även hepatit B-screening* och TB-screening*			
Läkemedel	Innan start utöver generella startprover	Under behandling	Intervall
PDE4-hämmande			
Apremilast			Ingen regelbunden kontrollprovtagning
Komplement receptor inhibitorer			
Avacopan	ASAT, bilirubin, neutrofiler, lymfocyter	ASAT, ALAT, bilirubin, LPK, neutrofiler	0-1 m: 7 d 2-3 m: 14 d 3-4 m: 1 m Därefter: 3 m
JAK-hämmare			
Baricitinib **Filgotinib** **Tofacitinib** **Upadacitinib**	Lymfocyter, neutrofiler Lipider kan övervägas för utgångsvärde	Hb, lymfocyter, neutrofiler, ALAT Lipider	0-3 m: 1 m 3 m-: var 3:e mån Efter ca 3 m och därefter individuellt beroende på resultat och åtgärd

* se separata SRF rekommendationer

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Abatacept

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