Table SI. *Systemic therapies used to treat pyoderma gangrenosum (PG)*

Treatments for PG	Standard dosing	Baseline labs	Monitoring recommendations	Evidence (1, 2, 3)*	Ref.
Adalimumab Personal preference: Load with 80 mg, followed by 40 mg every week	40 mg every 2 weeks	Complete blood count with differential Liver function tests Tuberculin sensitivity Test (PPD)	Every 3–4 Months: Complete Blood Count with Differential and Liver Function Tests	2	86–91
Anakinra – when associated with PAPA syndrome	100 mg daily	Complete blood count Tuberculin sensitivity test (PPD) Serum and creatinine	Monthly for first 2 months and then every 3 months: Complete Blood Count	2	50
Azathioprine	Maximum of 2.0–2.5 mg/kg/day	Pregnancy test Complete metabolic panel Urine analysis Tuberculin sensitivity test (PPD)	Every 2 weeks for first 2 months, and then every 2–3 months: Complete blood count with differential and liver function tests Annually: Follow-up with full skin exam, particularly for evaluation for lymphoma and squamous cell carcinoma	2	72
Clofazamine	50–100 mg/day, and 300 mg monthly bonus	Pregnancy test	Periodically: Liver function tests for dosing of over 100 mg/day Monitor closely for skin pigmentation, psychological disturbances, and gastrointestinal complaints	2	62, 66
Corticosteroids		Blood pressure Height and weight (charted on a growth curve for children) Fasting serum glucose Fasting triglyceride level Potassium level Ophthalmoscopic exam Tuberculin sensitivity test (PPD)	1 Month after starting treatment and then every 2–3 months: Blood pressure, weight, and height (charted on a growth curve for children) 1 month after starting treatment and then every 3–4 months: fasting serum glucose and triglyceride level and potassium level Every 6 months initially and then every 12 months for long-term treatment: ophthalmoscopic exam At time of cessation of long-term treatment: Optional AM cortisol level	2	73
Cyclophosphamide	1.0–3.0 g/kg/day orally	Complete blood count withdifferential Complete metabolic panel Urinanalysis	Weekly for initial 2–3 months; reduced to every two weeks and then monthly if tests are unremarkable: complete blood count with differential and urinanalysis (stop treatment if positive for red blood cells) Monthly for initial 3–6 months; reduced to every three months if tests are unremarkable: complete metabolic panel and liver function tests Every 6 months: physical exam with lymph node examination, full skin examination for evaluation of malignancies, and papanicolaou test in women Periodically (minimum of every 6 months): chest X-ray and urine cytology (begin when dosage is over 50 g or when hemorrhagic cystitis occurs) Stop therapy if any of the following are present: white blood count < 4,000–4,500 cells/mm^3, platelets < 100,000 cells/mm^3, urine red blood cells	2	68
Cyclosporine	2.5–5 mg/kg daily	Minimum of two blood pressure measurements Serum blood urea nitrogen and creatinine Complete blood count Liver function tests Fasting lipid profile Serum magnesium and potassium Uric acid for patients with gout Urinanalysis with microscopic evaluation	Every 2 weeks for 1–2 months and then monthly: physical exam and blood pressure measurement, serum blood urea nitrogen and creatinine, complete blood count, liver function tests, fasting lipid panel, serum magnesium and potassium, serum uric acid in patients with gout	2	78
Dapsone	50–200 mg/day	Complete blood count with differential Liver function tests Complete metabolic panel including blood urea nitrogen and creatinineUrinanalysis Glucose-6-phosphate dehydrogenase (G6PD) level	Weekly for initial 4 weeks, then every 2 weeks for 8 weeks, then every 3–4 months: complete blood count with differential Every 3–4 months: liver function tests, complete metabolic panel including blood urea nitrogen and creatinine, urinanalysis As clinically indicated: reticulocyte count and methemoglobin	2	71
Etanercept	50 mg twice weekly for 3 months, followed by 50 mg weekly	Tuberculin sensitivity test (PPD) Complete blood count Complete metabolic panel Liver function tests Antinuclear antibodies (ANA)	2–3 months after initiation: complete blood count and liver function tests	2	80–84

Table SI contd.

Infliximab	3–5 mg/kg per injection	Complete blood count with differential Liver function tests Tuberculin sensitivity test (PPD)	Every 3–4 months: complete blood count with differential and liver function tests	1	17
Intravenous immuneglobulin (IVIG)	2 g/kg/cycle, divided into 3 equal doses with each given1/day, consecutively	Weight (for monitoring volume status) Complete blood count Complete metabolic panel Liver function tests Immunoglobulin levels (to evaluate for IgA deficiency which can predispose to anaphylaxis) Rheumatoid factor Cyoglobulins ± hepatitis B, C, and HIV	During infusions: blood pressure measurement, heart rate, assess for fluid overload with weight and lung exam	2	5, 65, 105
Methotrexate	Initial test dose of 5–10 mg Gradually increase by 2.5–5 mg/week until benefit is seen Taper by 2.5 mg/week to maintain patient at the lowest therapeutic level possible Total weekly dose should not exceed 30 mg	Complete blood count Liver function tests Hepatitis A, B, and C serologies Serum blood urea nitrogen and creatinine HIV if at increased risk for AIDS Liver biopsy if at increased risk for liver damage	5–6 days after dose 1, then every 1–2 weeks for 2–4 weeks, then 1–2 weeks after dose is increased; may decrease frequency to every 3–4 months if tests are unremarkable: complete blood count, liver function tests, serum blood urea nitrogen and creatinine (check 1–2 times/year) Liver biopsies 3–6 months after starting treatment Then repeat after receiving total of 1.5–2.0 grams in low-risk patients and total of 1.0 gram in high risk patients Every 6 months in patients with grade IIIA liver biopsy	2	74
Minocycline	50–200 mg/day		No routine monitoring recommended Relative contraindications: preexisting renal or hepatic disease Avoid in patients with: systemic lupus erythematous (SLE) or patients with a first degree relative with SLE Antinuclear antibody (ANA) and liver function tests in patients with chronic minocycline therapy who develop symptoms	2	64
Mycophenolate Mofetil Personal preference: 1 g twice daily	1.25–3.0 g/day	Complete blood count with differential Complete chemistry panel Liver function tests	1 month after initiation of treatment and every 3 months thereafter: liver function tests Every 2 weeks for initial 2–3 months, then every month for 1st year of treatment: complete blood count with differential Every 6–12 months: follow-up physical exam Stop therapy or decrease dose if any of the following are present: white blood count < 3500– 4,000 cells/mm^3, Platelets < 100,000 cells/mm^3, urine red blood cells	2	67, 70
Sulfasalazine	1–2 g/day	Pregnancy test Complete metabolic panel Urine analysis Tuberculin sensitivity test (PPD)	Every 2 weeks for first 2 months, and then every 2–3 months: complete blood count with differential and liver function tests Annually: Follow-up with full skin exam, particularly for evaluation for lymphoma and squamous cell carcinoma	2	75
Tacrolimus	0.003, 0.1% ointment	Complete blood count Liver function test Serum, creatinine, and potassium Fasting glucose Complete metabolic panel	Monthly for initial 3–6 months; reduce to every 3 months if tests are unremarkable: complete metabolic panel and liver function tests	2	55, 56, 76
Thalidomide (71)	50–300 mg/day	Pregnancy test Complete blood count Neurological examination Sensory nerve action potential (preferably two measurements) if patient has history of peripheral nerve disease	Weekly for 4 weeks, then monthly for females of childbearing age: pregnancy test (check every 2 weeks if patient is having irregular menses) Monthly, then every 2–3 months after labs are stable: complete blood count with differential Monthly for 3 months, then every 1–6 months: neurological examination Every 6 months, or as clinically indicated: sensory nerve action potential	2	2

*Evidence: 1= Randomized Control Trial; 2= Case Series; 3= Case Report

Note: Medications highlighted in grey are personal preferences of the authors.