Azathioprine Shared Care Agreement

For treatment of rheumatoid arthritis / connective tissue disease / autoimmune rheumatic disease in adults

SECONDARY CARE SECTION TO BE COMPLETED BY INITIATING CLINICIAN

Patient's Name: _____ NHS Number: _____

Date of Birth: _____ Date Treatment Started: _____

Copy of information given to patient ☐

Copy of agreement to general practitioner ☐

Name of Initiating Nurse Specialist / Doctor:

Consultant:

Speciality: RHEUMATOLOGY

Email: trauma.ortho@nhs.net

PRIMARY CARE SECTION TO BE COMPLETED BY GENERAL PRACTITIONER

I agree*/don't agree* to enter into a shared care arrangement for the treatment of the above patient with this medicine (*delete as appropriate)

GP Name: _____

Signature: _____ Date: _____

Once signed please detach this sheet and Email to the number shown above.

BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.	Extension:	Fax or e-mail address
Consultant Rheumatologists: **Dr. Situnayake** **Dr Elamanchi** **Dr DePablo** **Dr Prabu** **Dr Tosounidou** **Dr Baskar** **Dr Chandatre** **Dr McGrath**	01922 721172	Ext. 7882 (secretary)	deva.situnayake@nhs.net srinivasa.elamanchi@nhs.net paola.de-pablo@nhs.net a.prabu@nhs.net stosounidou@nhs.net sangeetha.baskar@nhs.net priyankachandatre@nhs.net catherine.mcgrath@nhs.net

Rheumatology Nurse Specialists: Susan Ward Marcia Daley	01922 721172	Ext 7265 Bleep 8053	susan.ward31@nhs.net marciadaley@nhs.net
Hospital Pharmacy Dept: Jiten Vyas	01922 721172		

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care agreement outlines ways in which the responsibilities for managing the prescribing of Azathioprine in rheumatic diseases can be shared between the specialist and general practitioner (GP). GPs are **invited** to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. **If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.**

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it. **The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.**

Aspects of Care for which the Hospital Specialist is Responsible:

- Pre-treatment check of FBC, U&E, LFT and TPMT level.
- Discuss the benefits and side effects of treatment with the patient.
- Initiation of Azathioprine and blood monitoring of patient for the initial 3 month period
- Ask the GP whether he or she is willing to participate in shared care.
- Provide results of baseline tests and recommend frequency of monitoring to GP.
- Periodically review the patient's condition and communicate promptly with the GP when treatment is changed.
- Advise the GP on when to adjust the dose, stop treatment, or consult with specialist.
- Report adverse events to the MHRA and GP.
- Ensure that clear backup arrangements exist for GPs to obtain advice and support.

Aspects of Care for which the General Practitioner is Responsible:

- Reply to the request for shared care as soon as practicable.
- Prescribe Azathioprine at the dose recommended and adjust the dose as advised by the specialist.
- Ensure compatibility with other concomitant medication.
- Monitor FBC, LFTs and U&E at recommended frequencies, and refer if abnormal.
- Stop treatment on the advice of the specialist and prompt referral to specialist when clinical suspicion of adverse effects, loss of efficacy, worsening of disease related symptoms
- Report adverse events to the specialist and MHRA.

Aspects of Care for which the Patient is responsible:

- Report to the specialist or GP if he or she does not have a clear understanding of the treatment.
- Inform specialist or GP of other medication being taken, including over-the-counter products.
- Attend for regular blood tests and Rheumatology follow up appointments.

- Report any adverse effects or symptoms to the GP or specialist (Rheumatology Helpline 01922 721172 ext 7265).

Dosage and Administration

- Azathioprine is given daily by mouth and is available as 25mg, 50mg and 100mg tablets.
- The activity of TPMT (thiopurine methyltransferase, the key enzyme metabolising azathioprine) is measured prior to treatment, to identify those patients likely to experience serious adverse effects.
- A typical dose regimen is to commence 50 to 100mg daily and to increase by 50mg every 2 weeks to a maximum dose of 2.5mg per kg per day (usually 150 to 200mg daily). Start dose 0.5-1.5mg/kg daily; maintenance dose 2-2.5mg/kg daily.

Monitoring

- Initial monitoring by Rheumatology team (3 months) - FBC & LFT, U+E's every 2 weeks until on a stable dose for 6 weeks then every,
- Two weeks until on a stable dose for 6 weeks then
- Once on a stable dose, monthly FBC,U+E, LFT's for 3 months
- Thereafter FBC, U+E and LFT's at least every 12 weeks (more frequent monitoring is appropriate in patients at higher risk of toxicity.

GP's responsible for: Monitoring **FBC and LFTs, U&E as above** (more frequently if there is any reason to suspect deteriorating renal or liver function).

NB. 6-8 weekly blood monitoring may be recommended by Specialist team in select patients on long-term Azathioprine.

Action to be taken:

- **WBC <3.5x10^9/l** - withhold *until discussed* with Rheumatology team
- **Neutrophils <1.8x10^9/l** - withhold *until discussed* with Rheumatology team
- **Platelets <135x10^9/l** - withhold *until discussed* with Rheumatology team
- **>2-fold rise in ALT** (*from upper limit of reference range*) - withhold *until discussed* with Rheumatology team
- **Rash or oral ulceration** - withhold *until discussed* with Rheumatology team
- **Abnormal bruising or sore throat** - withhold until FBC result available

Please note: in addition to absolute values for haematological indices, a rapid fall or a consistent downward trend in any value should prompt caution and extra vigilance.

If the patient is unwell with abnormal results out-of-hours and the Rheumatology team is not available to discuss, STOP the drug and seek advice from the General Medical on-call team.

Adverse effects, precautions and contraindications:

- Bone marrow suppression (leucopenia, thrombocytopenia, anaemia) which are reversible; nausea, pancreatitis, cholestasis and occasionally hepatic veno-occlusive disease, pneumonitis (very rarely); alopecia
- **Pregnancy/Breastfeeding:** women of childbearing potential and men receiving azathioprine should be advised to use effective contraception. Patients discovered or planning to become pregnant should be discussed with the specialist at the earliest opportunity, without discontinuing azathioprine. There is evidence that Azathioprine is safe during pregnancy and breast-feeding. **Please continue the drug and discuss with the Specialist for advice as to whether discontinuation is needed.**

- **Cancer risk.** Patients receiving azathioprine are at increased risk of lymphomas and malignancies of the skin: avoiding excessive exposure to the sun and use of high factor sunscreens are advised.

Drug Interactions: (For a full list of interactions, please consult data sheets/SPC)

- **Allopurinol** inhibits metabolism of Azathioprine and increases risk of drug toxicity. Avoid concomitant use. Seek specialist's advice BEFORE initiating Allopurinol, as dose of Azathioprine will need to be reduced.
- **Warfarin.** Azathioprine may possibly reduce the effect of warfarin.
- **Febuxostat**: co-prescription of azathioprine with febuxostat is not recommended by the manufacturer.

References

Prescribing and monitoring of DMARDs for inflammatory arthritis. Arthritis Research Council, 2005 http://www.arthritisresearchuk.org/shop/products/publications/information-for-medical-professionals/hands-on/series-4/ho8.aspx

BSR / BHPR guideline for disease-modifying anti-rheumatic drug (DMARD) therapy, 2017

Summary of Product Characteristics (SPC) of Azathioprine (Imuran ®)

British National Formulary 68th edition, March 2015

BNSSG Joint Formulary DMARD Monitoring Advice Guidance
http://www.bnssgformulary.nhs.uk/includes/documents/AZA%20concise%20advice%20sheet%20Sept12.pdf