

## **The Joint Rotherham and TRFT AZATHIOPRINE SHARED CARE PROTOCOL**

This Shared Care Protocol is for patients initiated on Azathioprine under the Rheumatology Department. The consultant will have detailed the expected treatment regimen in the clinic letter. The first 3 months of prescribing and monitoring will be undertaken by the Rheumatology department. Updates of dosages and results will be completed by the specialist nurses and documented in the patient hand-held record as well as sent to the GP practice for information.

As part of the Shared Care LES, it is expected that ALL patients will have a transfer of care at 3 months, unless there are exceptional circumstances (such as unstable results). We would be grateful if your practice would take over the responsibility for:

- Prescribing the Azathioprine
- Performing the blood tests and monitoring the results (payment via LES)

If patients fail to attend for their monitoring, we would recommend contacting them to arrange one further monitoring appointment but thereafter to stop prescribing their treatment until the monitoring requirements have been met.

The patient carries a hand held monitoring book, which has been kept up to date by the Rheumatology department, and/or GP prescriber, and contains patient information.

### **Important Information:**

- It is essential that GP practices have robust procedures in place to ensure patient recall and monitoring is performed as per guidance (see below). This will ensure appropriate prescribing.
- Alcohol intake should be limited to nationally recommended levels.
- Azathioprine is relatively safe in pregnancy and when breastfeeding, but patients are advised to inform their Rheumatologist if they are planning a pregnancy
- Allopurinol / Febuxostat should not be prescribed (significant interaction)
- Live vaccines can be given up to and including a dose of 3mg/kg per day of Azathioprine ie the standard doses used in rheumatology.
- Annual flu jab is recommended (to be given by GP practice)
- Avoid exposure to chickenpox and shingles. If infection develops it should be treated aggressively with antiviral medication and Rheumatology dept. can be contacted for advice
- Side effects include: Mild Oral Ulceration /Nausea / Diarrhoea – drug

continuation depends on severity and patient wishes.

TPMT (Thiopurine Methyl Transferase) levels are checked before treatment is commenced, in order to predict the 2% of the population most at risk of severe side effects. Treatment is usually started at a dose of 50mg daily and increased by 50mg every 2-4 weeks, to a maximum of 3mg/kg daily according to clinical response. In practice doses over a total of 200mg daily are seldom necessary. Smaller doses are used in severe renal or hepatic failure and in the elderly.

**Monitoring schedule:**

- FBC/ U&E / LFT (CRP will be checked during the first 3 months of treatment) every 2 weeks until on a stable dose for 6 weeks, then monthly for 3 months
- Then every 3 months unless dose changes
- If dose increase: additional FBC/U&E/LFT at 2, 4 and 6 weeks until on stable dose for 6 weeks then revert to previous schedule
- Results to be entered into hand-held monitoring booklet

**IF:**

WCC	<3.5x 10 <sup>9</sup> /l (unless disease related)
Neutrophils	<1.8x 10 <sup>9</sup> /l
Platelets	<150x 10 <sup>9</sup> /l (unless disease related)
AST or ALT	> 100
Creatinine	>30% above baseline over 12 months
GFR (calculated)	<60ml/min/1.73m <sup>2</sup> (repeat in 1 week but if still more than 30% from baseline)

**Or Severe Oral Ulceration, Vomiting or Diarrhoea**

**Stop medication** and contact Rheumatology service.

Patients should stop Azathioprine if they have significant infection requiring antibiotics/ antivirals such as aciclovir and restart once infection treated.

**Department Contact details:**

**Nurses Telephone Helpline:** 01709 424739

**Consultant:**

**Dr Leticia Garcia** 01709 424275 / 424156

**Nurse Specialists:**

**Sisters Hale, Elsey, Hopewell and Hardeman** Bleep 079 via Switch

**Specialist Registrar:** available on bleep 101 via Switchboard

# The Joint Rotherham and TRFT AZATHIOPRINE SHARED CARE PROTOCOL

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Title of responsible committee/individual:	Consultants Rheumatology TRFT; Medicines Management Team RCCG (BNF 10 Prescribing Advisor)
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Version	Date	Author	Status	Comment
Version 1	July 2012	Dr James Maxwell TRFT Eloise Summerfield RCCG	Archived	First version onto a two-page format
Version 2	July 2014	Dr Gillian Smith, Dr Fiona Fawthrop, TRFT; Eloise Summerfield, RCCG	Archived	Review – minimal changes
Version 3	Nov 2017	Dr Rakesh Kumari, Dr Gillian Smith, Dr Fiona Fawthrop, TRFT; Eloise Summerfield, RCCG	Archived	Extra blood tests at start & dose change. First paragraph re-worded to reflect current practice. Acceptance letter removed as this is now implied under the Shared Care LES
Version 4a	Dec 2022	Dr Fiona Fawthrop TRFT Lisa Murray RCCG	Archived	CRP removed from monitoring bloods beyond 3 months in line with current national practice. Live vaccine advice updated to reflect The Green Book advising that live vaccines can be given. Addition of renal parameters added to monitoring table.
Version 4	May 2023	Dr Fiona Fawthrop TRFT Lisa Murray, NHS South Yorkshire ICB	Final	TRFT logo updated. Dr Fawthrop's name removed. Approved by Rotherham Medicines Optimisation Group

