

Shared care guidelines

Drug

Speciality

Indication

Overview

Hospital specialist's responsibilities

GP's responsibilities

Other information

Contact details

AZATHIOPRINE

DERMATOLOGY

Licensed for pemphigus vulgaris but often used for unlicensed indications including systemic lupus erythematosus, severe eczema, bullous dermatoses including pemphigoid

Azathioprine is an immunosuppressant. It is often used as a steroid-sparing agent. Marrow suppression and liver toxicity are the main cautions.

Initial investigations: FBC, U&E, LFTs, TPMT, VZV Ab

Initial regimen: 1-3mg/kg/day (may be adjusted according to TPMT status) orally

Clinical monitoring: For adverse effects and disease management
Frequency: As required, typically every 6 months as a minimum once stable

Safety monitoring: FBC and LFTs weekly 1st month; thereafter monthly
U&Es – 6 monthly
Check FBC & LFTs two weeks after dose increase; thereafter monthly.

Prescribing duration: Minimum of 3 months from hospital then transferred to GP

Documentation: Clinic letters and results to GP. Separate patient information and patient-held shared care diary

Maintenance: 1-3mg/kg/day as advised at transfer

Clinical monitoring: For adverse effects & disease management
Frequency: As required and determined by patient symptoms

Safety monitoring: FBC and LFTs – monthly. If stable after 6 months reduce monitoring to 3 monthly
U&Es - 6 monthly
Check FBC & LFTs two weeks after dose increase, thereafter monthly. Again if stable after 6 months reduce monitoring to 3 monthly

Duration of treatment: Long-term as recommended by specialist

Documentation: Practice records. Correspondence with specialist as required.

Adverse events	Action
WCC ↓ <3.5x10 ⁹ /L or Neutrophils ↓ <2.0x10 ⁹ /L or Platelets ↓ <150 x10 ⁹ /L	Stop azathioprine, repeat FBC & discuss with specialist
Lymphocytes < 0.5x10 ⁹ /L	Withhold azathioprine & discuss with specialist
MCV > 105	Check B12, folate and TSH. If normal, discuss with specialist
AST and/or ALT ↑ >2 x ULN	Withhold azathioprine, repeat LFTs & discuss with specialist
Nausea / vomiting	Consider dose reduction &/or anti-emetic. Discuss with specialist
Oral ulceration	Withhold azathioprine & discuss with specialist
Bruising/severe sore throat	Stop Azathioprine, check FBC and discuss with specialist

See Further Information overleaf

The usual named consultant may be contacted via their secretary for advice

Shared care guidelines

Further Information

Azathioprine

(Dermatology) Monitoring

Note: Please watch for a falling trend for blood counts and rising trend for liver enzymes. Action may need to be taken even if the values are in normal range in these scenarios.

Vaccinations

Live vaccines in general are not recommended with Azathioprine, although the live shingles vaccination is appropriate in some patients (refer to Green Book for advice)

We recommend annual Flu vaccination

Before considering the administration of any other vaccinations both the Green Book – Immunisations against infectious disease and the vaccine SPC are consulted.

Infections

Varicella zoster Immunoglobulin to be given to non-immune patients exposed to chicken pox

Fertility issues

Pregnancy whilst on Azathioprine is generally not recommended. Breast feeding should be avoided

Important drug interactions

ALLOPURINOL - serious risk of marrow toxicity.

WARFARIN – anticoagulant effect may be reduced requiring an increase in dose of warfarin.

CO-TRIMOXAZOLE & TRIMETHOPRIM – increased risk of haematological toxicity

If you are contemplating discontinuing treatment please discuss with the Consultant or staff first.