

Shared care guidelines

Drug

AZATHIOPRINE

Speciality

NEUROLOGY

Indication

IMMUNOSUPPRESSANT/ STEROID-SPARING AGENT

Overview

Azathioprine is used as an oral immunosuppressant/ steroid-sparing agent in a number of disorders. The main concern is myelosuppression and less frequently nephritis/ hepatitis

Hospital specialist's responsibilities

Initial investigations:	FBC, LFTs, U&E:
Initial regimen:	25mg twice a day increasing by 50mg fortnightly. Typical target dose 2.0 to 3.0mg/kg body weight/day
Clinical monitoring: Frequency:	For adverse effects and usual disease management Variable at onset, every 3 to 12 months when stable, urgent as required
Safety monitoring:	FBC & LFTs weekly for 6 weeks, fortnightly until dose stable for 6 weeks; thereafter monthly. Check 2 weeks after a dose increase. U&Es – 3 monthly
Prescribing details:	First 3 months from hospital then transferred to GP
Documentation:	Clinic letters and results to GP. Separate patient information and patient-held shared care diary.

GP's responsibilities

Maintenance:	2.0 to 3.0mg/kg body weight/day as advised at transfer
Clinical monitoring: Frequency:	For adverse effects & usual management As required and determined by patient symptoms
Safety monitoring:	FBC & LFTs monthly. Also check 2 weeks after a dose increase. U&Es - 6 monthly
Treatment Duration:	Long-term as recommended by specialist
Documentation:	Practice records. Correspondence with specialist as required. Copies of blood results to specialist using shared care diary

Adverse events	Action
WCC ↓ <3.5x10 ⁹ /L or Neutrophils ↓ <2.0x10 ⁹ /L or Platelets ↓ <150 x10 ⁹ /L	WCC ↓ <3.5x10 ⁹ /L or Neutrophils ↓ <2.0x10 ⁹ /L or Platelets ↓ <150 x10 ⁹ /L
Withhold, repeat FBC & discuss with specialist	Withhold, repeat FBC & discuss with specialist
↓ trend in WCC / platelet	↓ trend in WCC / platelet
Discuss with specialist	Discuss with specialist
> 2x rise in ALT/AST/ALP	> 2x rise in ALT/AST/ALP
Withhold, repeat LFTs and discuss with specialist	Withhold, repeat LFTs and discuss with specialist
Lymphocytes < 0.5x10 ⁹ /L	Lymphocytes < 0.5x10 ⁹ /L

Other information

Azathioprine is slow to act and may take 6 months to be fully effective.
Beware of important drug interaction:

Contact details

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

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Further Information	<p>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.</p> <p>Infections Varicella zoster Immunoglobulin to be given to non-immune patients exposed to chicken pox</p> <p>Fertility issues Pregnancy whilst on Azathioprine is generally not recommended. Breast feeding should be avoided</p> <p>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</p> <p>If you are contemplating discontinuing treatment please discuss with the Consultant or staff first.</p>