



Penicillamine Shared Care Guideline

Introduction	This is a disease modifying anti-rheumatic drug, but is not immunosuppressive.
Speciality	Rheumatology
Indications	Licensed • Rheumatoid arthritis
Dose	Initial dose of 125-250mg orally once daily, increasing by 125mg every 4 weeks until remission occurs of dose of 500mg daily reached.
	If no response after a further 3 months consider an increase by 125mg every 4 weeks up to 750mg daily.
	Stop treatment if no response to dose of 750mg daily after 3 months.
Patient information	The patient will be provided with the penicillamine information leaflet produced by Arthritis Research UK (www.arthritisresearchuk.org) and the content discussed. Patients will be advised to take the full daily dose at night on an empty stomach with water. Milk, indigestion remedies, iron or zinc reduce absorption of penicillamine and should not be taken within 2 hours of taking penicillamine.
Specialist Responsibilities	Pretreatment assessment FBC, U&Es, urinalysis, creatinine and ESR/CRP.
	Stabilising in secondary care FBC, urinalysis and ESR/CRP every 2 weeks until dose stable for 3 months, then monthly thereafter. Patients should be asked about the presence of rash or oral ulceration at each visit. Once stable initiate shared care.
GP Responsibilities	FBC, urinalysis and ESR/CRP monthly. Patients should be asked about the presence of rash or oral ulceration at each visit.

Shared Care Guideline	Penicillamine v1.0
Approved by	County Durham & Darlington Area Prescribing Committee
Date of Approval	04 July 2013
Date of Review	04 July 2016

Adverse event

Adverse Effect Monitoring

Date of Approval

Date of Review

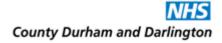
04 July 2013

04 July 2016



Action to be taken

	WBC < 3.5 x 10 ⁹ /l	Withhold and discuss with specialist team
	Neutrophils < 2.0 x 10 ⁹ /l	Withhold and discuss with specialist team
	Platelets < 150 x 10 ⁹ /l	Withhold and discuss with specialist team
	2+ proteinuria on > 1	Check MSU. If evidence of infection- treat.
	occasion	If sterile, withhold and discuss with
		specialist team
	Rash or oral ulceration	Withhold and discuss with specialist team
	Alteration of taste	Continue treatment-usually resolves
		spontaneously
	Abnormal bruising or sore	Withhold, check FBC and discuss with
	throat	specialist team
	counts should prompt cauti are within normal range. If i	or consistent downward trend for blood ion. Action may be required even if values in doubt please contact specialist team. If for full details of adverse effects, and drug interactions.
Contraindications	 Known hypersensitivity to Agranulocytosis, aplastic apenicillamine. Moderate or severe renal Lupus erythematosus. 	anaemia or severe thrombocytopenia due to
Cautions	Elderly - increased risk of	ified dose may be necessary. toxicity regardless of renal function. old - increased risk of side effects.
Drug interactions	 Absorption of digoxin redu 	ne reduced by iron, zinc and antacids. Succed by penicillamine. Ds may increase risk of renal damage.
Side effects	 Mouth ulcers Rash, urticaria Alopecia Drug induced lupus erythe Myasthenia gravis Haematuria Breast enlargement Thrombocytopenia (usuall Proteinuria (partially dose 	ly reversible)
Eurthor	Transient oligospermia	Tolatody
Further Information	Fertility The sefety of penicillamine	o during prognancy and broadfooding has not
		e during pregnancy and breastfeeding has not
Shared Care Guideline	Penicillamine v1.0	on Proporihing Committee
Approved by	County Durham & Darlington Are	ea Prescribing Committee





	been established. Manufacturer advises penicillamine should not be used in these circumstances, unless considered absolutely essential. If potential benefit outweighs risk, consider dose reduction to lowest effective dose.
Communication	Specialist to GP
	Clinic letters and results to GP.
	GP to Specialist
	Blood results via use of patient-held record.
	Contact details
	Thank you for sharing the care of this patient. If you have any concerns or
	queries, please contact the Consultant or secretary.
	queries, prease services and consumers of eserciary.
	UHND Rheumatology Helpline: 0191 3332763
	DMH Rheumatology Helpline: 01325 743881
	Guideline Version 1:
	Date approved by APC: 4th July 2013
	Date for Review: July 2016
	This information is not inclusive of all prescribing information and
	potential adverse effects. Please refer to the BNF or SPC for further
	prescribing information
	F

Shared Care Guideline	Penicillamine v1.0
Approved by	County Durham & Darlington Area Prescribing Committee
Date of Approval	04 July 2013
Date of Review	04 July 2016