Shared Care Guideline

Drug	AZATHIOPRINE	
Speciality	RHEUMATOLOGY	
Indication	RHEUMATOID ARTHRITIS, SYSTEMIC LUPUS ERYTHEMATOSUS, VASCULITIS AND CONNECTIVE TISSUE DISEASES	
Overview	Azathioprine is an immunosuppressant. It is often used as a steroid-sparing agent. Marrow suppression and liver toxicity are the main cautions.	
Hospital Specialist's responsibilities	**Initial Investigations:**	FBC, ESR/CRP, U&E, eGFR, LFTs, TPMT. Assessment for comorbidities such as lung disease and occult viral infection.
	Initial regimen:	1-3mg/kg/day (may be adjusted according to TMPT status)
	Clinical Monitoring:	For adverse effects and usual disease management
	Frequency:	As required, typically every 3-6 months once stable
	Safety Monitoring:	FBC, ESR/CRP, eGFR and LFTs. Fortnightly for 6 weeks, then every month for 3 months, then every 3 months thereafter. Monitor fortnightly for 6 weeks following any dose increase.
	Prescribing details:	Minimum of 3 months from hospital then transferred to GP
	Documentation:	Clinic letters and results to GP. Separate patient information and offer patient-held shared care diary.
GP's Responsibilities	**Maintenance Prescribing:**	1-3mg/kg/day as advised at transfer
	Clinical monitoring:	For adverse effects & usual management
	Frequency:	As required and determined by patient symptoms
	Safety Monitoring:	FBC, ESR/CRP, eGFR and LFTs every 3 months
	Frequency:	Monitor fortnightly for 6 weeks following any dose increase.
	Duration of Treatment:	Long-term as recommended by specialist
	Documentation:	Practice records. Correspondence with specialist as required. Copies of blood results to specialist using shared care diary or available via webICE

Adverse events	Adverse Events	Action:
	WCC ↓ <3.5x10^9/L or Neutrophils ↓ <1.6x10^9/L or Platelets ↓ <140 x10^9/L	Stop azathioprine, repeat FBC & discuss with specialist
	eGFR 30-60ml/min eGFR <30ml/min	Continue Withhold drug and discuss with specialist
	Lymphocytes < 0.5x10^9/L	Withhold azathioprine & discuss with specialist
	MCV > 105 fl	Check B12, folate and TSH. If normal, discuss with specialist
	AST and/or ALT↑ >2 x ULN	Withhold azathioprine, repeat LFTs & discuss with specialist
	Sore mouth / mouth ulcers	Check for other causes e.g. ill-fitting dentures. Prescribe Difflam mouthwash after meals and Nystan oral suspension for one week, then review and discuss with specialist
	Nausea / vomiting	Consider dose reduction &/or anti-emetic. Discuss with specialist
	Skin rash, itchiness	Check for other causes (change of soap etc.). If mild, continue and review. If severe, discuss with specialist
Other Information	Bruising/severe sore throat	Stop Azathioprine, check FBC and discuss with specialist

Contact Details			
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Further Information

Azathioprine (Rheumatology)

Monitoring
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.

Intercurrent Infection
During an acute infection, Azathioprine should be temporarily discontinued until the patient has recovered from the infection.

Vaccinations
Live vaccines are not recommended, although the live shingles vaccine is appropriate in some patients (refer to Green Book for advice).

We recommend annual flu vaccination and Pneumococcal vaccination in line with current guidance.(see JCVI Green Book).

If a patient is exposed to shingles or chickenpox, and lacks immunity to varicella-zoster virus, passive immunisation may be required (contact Rheumatology).

Fertility issues
Pregnancy whilst on Azathioprine is not recommended but may be contemplated if the benefits are considered to outweigh the risks. If Azathioprine is continued, dose should be reduced at 32 weeks gestation to prevent neonatal leucopenia.
Breast feeding should be avoided

Important drug interactions
ALLOPURINOL - serious risk of marrow toxicity. Azathioprine dose should be reduced to 25% of the original dose.
WARFARIN – anticoagulant effect may be reduced, requiring an increase in dose of warfarin.
CO-TRIMOXAZOLE & TRIMETHOPRIM – increased risk of haematological toxicity

Thank you for sharing the care of this patient. The medical and nursing staffs in the department of Rheumatology are happy to answer any queries your staff may have concerning the patient's treatment or any adverse events.

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

If a patient has any problems with their medication, adverse effects or an exacerbation of their disease requiring an earlier review then please contact the rheumatology specialist nurse practitioners using the contact details over.