

# Shared Care Guideline

Drug Speciality Indication	AZATHIOPRINE				
	RHEUMATOLOGY				
Overview	RHEUMATOID ARTHRITIS, SYSTEMIC LUPUS ERYTHEMATOSUS, VASCULITIS AND CONNECTIVE TISSUE DISEASES				
	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	<b>Initial Investigations:</b>	FBC, ESR/CRP, U&E, eGFR, LFTs, TPMT. Assessment for comorbidities such as lung disease and occult viral infection.			
	<b>Initial regimen:</b>	1-3mg/kg/day (may be adjusted according to TPMT status)			
	<b>Clinical Monitoring:</b>	For adverse effects and usual disease management			
	<b>Frequency:</b>	As required, typically every 3-6 months once stable			
	<b>Safety Monitoring:</b>	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.			
	<b>Prescribing details:</b>	Minimum of 3 months from hospital then transferred to GP			
	<b>Documentation:</b>	Clinic letters and results to GP. Separate patient information and offer patient-held shared care diary.			
	GP's Responsibilities	<b>Maintenance Prescribing:</b>	1-3mg/kg/day as advised at transfer		
		<b>Clinical monitoring:</b>	For adverse effects & usual management		
		<b>Frequency:</b>	As required and determined by patient symptoms		
<b>Safety Monitoring:</b>		FBC, ESR/CRP, eGFR and LFTs every 3 months			
<b>Frequency:</b>		Monitor fortnightly for 6 weeks following any dose increase.			
<b>Duration of Treatment:</b>		Long-term as recommended by specialist			
<b>Documentation:</b>		Practice records. Correspondence with specialist as required. Copies of blood results to specialist using shared care diary or available via webICE			
Adverse events		<b>Adverse Events</b>	<b>Action:</b>		
	WCC ↓ <3.5x10 <sup>9</sup> /L or Neutrophils ↓ <1.6x10 <sup>9</sup> /L or Platelets ↓ <140 x10 <sup>9</sup> /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 <sup>9</sup> /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		
<b>Contact Details</b>					
<b>Name:</b>		Sr Elaine Doyle	Sr Cath Hutton	Collette Stoddart	Stephanie Meadley
<b>Address:</b>	Rheumatology Dept, JCUH	Rheumatology Dept, FHN	Rheumatology Dept, UHNT	Rheumatology Dept, UHH	
<b>Telephone No:</b>	01642 854756	01609 764849	01642 624684 & 383525	01429 522689	

Drug  
Speciality  
Indication

AZATHIOPRINE

RHEUMATOLOGY

RHEUMATOID ARTHRITIS, SYSTEMIC LUPUS ERYTHEMATOSUS, VASCULITIS AND CONNECTIVE  
TISSUE DISEASES

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.