

# SHARED CARE GUIDELINE

## HYDROXYCARBAMIDE (Hydroxyurea) for PSORIASIS

<b>Contact Details</b>  <b>Name:</b> _____  <b>Location:</b> _____  <b>Date:</b> _____  <b>Phone No.</b> _____	<b>Patient ID Label:</b>  <b>Surname:</b> _____  <b>Forenames:</b> _____  <b>NHS Number:</b> _____  <b>Date of Birth:</b> _____
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<b>Introduction</b>	<p><b>Indication:</b> Hydroxycarbamide is a second-line modality for the treatment of severe psoriasis (unlicensed indication). It is usually reserved for cases where other second-line agents have failed or are contra-indicated.</p>
<b>Dose &amp; Administration</b>	<p>The adult dose is 500mg to 1.5 grams daily, taken orally either as a single dose, or divided into two doses (morning and evening). It is recommended that the initial dose in adults should usually be 500mg daily; this can be titrated, according to efficacy and toxicity, to a maximum of 1.5 grams daily.</p>
<b>Secondary Care Responsibilities</b>	<ol style="list-style-type: none"> <li>1. Confirm the diagnosis.</li> <li>2. Discuss the benefits and side-effects of treatment with the patient and provide relevant written information on use, side effects and the need for blood monitoring. Ensure that the patient understands which warning symptoms to report.</li> <li>3. Perform baseline tests: FBC, LFTs, U&amp;Es, serum creatinine and urinalysis for blood and protein.</li> <li>4. Provide the patient with a monitoring and dosage record booklet and ensure that the patient knows when and where to attend for monitoring. Encourage the patient to take responsibility for ensuring that results of tests are entered in the monitoring booklet.</li> <li>5. Initiate the hydroxycarbamide treatment.</li> <li>6. Arrange shared care with the patient's GP after 6 weeks.</li> <li>7. Review results of safety monitoring and request additional tests as required.</li> <li>8. Review the patient regularly to monitor the patient's response to treatment and the need to continue therapy, sending a written summary to the GP whenever the patient is reviewed, including the current dose to be prescribed and the monitoring frequency.</li> <li>9. Request copies of test results for the patient's GP by completing the "copy to" section on the pathology form.</li> <li>10. Provide any other advice or information for the GP if required.</li> </ol>
<b>Primary Care Responsibilities</b>	<ol style="list-style-type: none"> <li>1. Prescribe hydroxycarbamide as per the written dosage instructions supplied by the hospital specialist.</li> <li>2. Arrange on-going monitoring at the recommended frequencies (see MONITORING below) and ensure that test results are recorded in the monitoring booklet. Request copies of test results for the patient's consultant by completing the "copy to" section on the pathology form.</li> </ol>

	<ol style="list-style-type: none"> <li>3. Report any adverse events to the consultant or specialist nurse and stop treatment on their advice or if an urgent need arises (see MONITORING below)</li> <li>4. Ensure no drug interactions with other medicines.</li> <li>5. Administer influenza vaccine annually.</li> <li>6. Check the patient as had one dose of pneumococcal vaccine (re-vaccination is not recommended) – see BNF.</li> <li>7. Passive immunization using Varicella immunoglobulin (VZIG) should be considered in non-immune patients if exposed to chickenpox or shingles. Contact virology for advice if exposure is suspected.</li> <li>8. Ask about oral ulceration/sore throats or unusual bruising at every consultation. If present, arrange urgent FBC. Withhold hydroxycarbamide until results available.</li> </ol>								
<b>Monitoring Required in Primary Care</b>	<ul style="list-style-type: none"> <li>• FBC, LFTs, U&amp;Es, serum creatinine and urinalysis – weekly for 6 weeks, subsequently the intervals between monitoring may be gradually extended, provided there is no cause for concern, to every 1-3 months.</li> </ul> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>STOP hydroxycarbamide and seek advice if:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Hb</b></td> <td style="padding: 2px;"><b>decreases by 3g/dL</b></td> </tr> <tr> <td style="padding: 2px;"><b>WCC</b></td> <td style="padding: 2px;"><b>&lt; 4 x 10<sup>9</sup>/L</b></td> </tr> <tr> <td style="padding: 2px;"><b>Neutrophils</b></td> <td style="padding: 2px;"><b>&lt; 1 x 10<sup>9</sup>/L</b></td> </tr> <tr> <td style="padding: 2px;"><b>Platelets</b></td> <td style="padding: 2px;"><b>&lt; 100 x 10<sup>9</sup>/L</b></td> </tr> </table> </div> <p>If MCV &gt;105fl, check B<sub>12</sub> and folate</p> <p>Please note: a rapidly increasing or decreasing trend in any values should prompt caution and extra vigilance.</p>	<b>Hb</b>	<b>decreases by 3g/dL</b>	<b>WCC</b>	<b>&lt; 4 x 10<sup>9</sup>/L</b>	<b>Neutrophils</b>	<b>&lt; 1 x 10<sup>9</sup>/L</b>	<b>Platelets</b>	<b>&lt; 100 x 10<sup>9</sup>/L</b>
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<b>Adverse Effects</b>	<p><b>Leucopenia, anaemia and thrombocytopenia:</b> GPs should be alert to any unexplained bruising or bleeding.</p> <p><b>Macrocytosis:</b> occurs in almost all patients and may persist for up to one year after stopping therapy.</p> <p><b>Rarely:</b> anorexia, nausea, vomiting, diarrhoea, headache, drowsiness, dizziness, cutaneous hyperpigmentation. If severe or persistent, refer to hospital.</p> <p><b>Renal dysfunction:</b> hydroxycarbamide should be used with caution in patients with marked renal dysfunction.</p>								
<b>Common Drug Interactions</b>	<p>Toxicity may be potentiated by previous or concomitant radiotherapy or cytotoxic therapy. Patients should not be receiving anti-retroviral therapy containing didanosine and/or stavudine.</p>								
<b>Cautions &amp; Contra-indications</b>	<p><b>Pregnancy/contraception:</b> female patients must be advised not to conceive whilst receiving hydroxycarbamide. A reliable form of contraception should be used by men and women whilst on hydroxycarbamide.</p> <p><b>Breastfeeding:</b> women should not breastfeed whilst receiving hydroxycarbamide.</p> <p><b>Live vaccines</b> should be avoided by patients receiving hydroxycarbamide.</p>								

**This guidance does not replace the SPC's, which should be read in conjunction with this guidance.**

Some of the information contained in this guideline has been obtained from the British Association of Dermatologists.