



NHS South of Tyne and Wear

serving Gateshead Primary Care Trust, South Tyneside Primary Care Trust and
Sunderland Teaching Primary Care Trust

SHARED CARE GUIDELINE

For

Penicillamine for the Management of Rheumatoid Arthritis

Implementation Date: 5th October 2010

Review Date: 12th June 2012

This guidance has been prepared and approved for use within Gateshead, South Tyneside and Sunderland in consultation with Primary and Secondary Care Trusts and Local Medical Committees.

The guideline sets out the details of the transfer of prescribing and respective responsibilities of GPs and specialist services within shared care prescribing arrangements. It is intended to provide sufficient information to allow GPs to prescribe these treatments within a shared care setting

Further copies are available from

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Approved by:

Committee	Date
Gateshead Medicines Management Committee	
South Tyneside Prescribing Committee	
Sunderland Primary Care Prescribing Group	
South of Tyne and Wear Medicines Management Committee	5.10.2010

Name of drug:	Penicillamine	Form and strength:	125mg, 250mg tablets
Brand name:	Distamine	BNF Code:	10.1.3
Conditions(s) to be treated		Rheumatoid arthritis	
Excluded patients	patients where GP has refused shared care		
Eligibility criteria for shared care	all patients		
Initiation	Treatment will be initiated by the hospital		
Duration of treatment	Long term. Consultant will advise GP when treatment has to stop		
Usual Maintenance Dose	Initially 125mg daily for 1 month increasing at monthly intervals to a usual maintenance dose of 500-750mg daily		
Usual Dose Range	500-750mg daily		
Maximum Dose	1g daily (rarely)		
Available Strengths (Colours)	125mg (white) 250mg (white)		
Preparations	Film coated tablets		
Cost 28 days (Drug Tariff)	£20 / month		
Adverse effects	Side effects include nausea, anorexia, fever, and skin reactions initially. Blood disorders including thrombocytopenia, neutropenia, agranulocytosis aplastic anaemia, and proteinuria. Rarely haematuria, haemolytic anaemia, nephrotic syndrome, lupus syndrome, dermatomyositis, mouth ulcers, stomatitis, alopecia, bronchiolitis and pneumonitis, myasthenia gravis like syndrome, pemphigus, Good Pastures syndrome and Stevens-Johnson syndrome as well as late rashes. Taste alteration can occur but usually settles spontaneously.		
Contra-indications	Known hypersensitivity to the product Systemic lupus erythematosus Renal impairment – moderate to severe. Pregnancy / lactation		
Drug-interactions	Absorption of penicillamine may be reduced by concomitant antacids, iron, and zinc. Avoid combined use with clozapine. Digoxin levels may be reduced. Live vaccines should be avoided		
Renal impairment and liver disease	Reduce dose and monitor renal function, or avoid		
Pregnancy and breast feeding	Contra-indicated. Seek specialist advice		

Monitoring	<p>Baseline FBC with differential and platelet count, plus urine check for proteinuria, haematuria. ESR, CRP, U+E, LFT</p> <p>Routine: Repeat FBC, ESR and urinalysis at 2 weekly intervals for 3 months then reduce monitoring to monthly. If dose changes, the hospital will advise if monitoring frequency needs to be increased.</p> <p>if any of the following occurs: -</p> <p>WBC < $4 \times 10^9/L$ withhold and discuss with rheumatologist Neutrophils < $2 \times 10^9/L$ withhold and discuss with rheumatologist</p> <p>Platelets < $150 \times 10^3/L$ withhold and discuss with rheumatologist Hb < 11g/dl on 2 consecutive occasions - contact the rheumatology department for investigation of cause – do not stop penicillamine</p> <p>Please note if there is either a rapid fall or a downward trend even within normal ranges, please speak with the rheumatology team for further advice.</p> <p>Haematuria ignore trace, refer if persistently 1+ or more</p> <p>Oral ulceration, abnormal bruising, sore throat, rash withhold until FBC result available. Contact rheumatology dept. for advice.</p> <p>Proteinuria/blood >1+ check MSU - if evidence of infection, treat appropriately (do not stop penicillamine).. If sterile, and >1+ persists, withhold until discussed with rheumatology Normally 24 hour urine collection will be advised. If >1g/24 hours, stop penicillamine.</p> <p>Annual 'flu vaccine is recommended and pneumococcal vaccination should be considered</p>
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Responsibilities	<p>DISEASE MONITORING Clinical response to therapy will be assessed by the hospital physician in all cases and communicated to the GP</p> <p>RESPONSIBILITY FOR PRESCRIBING On initiation of therapy the patient will be given a one month supply of penicillamine by secondary care. Responsibility thereafter for prescribing may be transferred to the patients GP depending on the locality in which the GP is based and the secondary care centre the patient attends. This is detailed below. The GP should not prescribe unless the monitoring has been carried out and the GP is satisfied that it is safe to continue treatment.</p> <p><u>Practices in Sunderland PCT</u> PATIENTS REFERRED TO SUNDERLAND (helpline 0191 5656256 ext 47533–Mon- Fri 9am –5pm). All the blood tests, monitoring, and dosing will be carried out entirely by the rheumatology clinic with the responsibility of secondary care to inform the GP of any abnormalities. The GP will be responsible for prescribing in agreement with the Secondary care service.</p> <p>PATIENTS REFERRED TO GATESHEAD (helpline 0191 445 5240 Mon- Fri 9am- 5pm or consultant secretary) All blood tests, monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required</p> <p>PATIENTS REFERRED ELSEWHERE All blood tests, monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required</p> <p><u>Practices in Gateshead PCT</u> PATIENTS REFERRED TO GATESHEAD (helpline 0191 445 5240 Mon- Fri 9am- 5pm or consultant secretary) Secondary care staff will carry out base line monitoring prior to initiating therapy. GPs will carry out ongoing blood tests and prescribing. Secondary care staff will carry out monitoring and advise GPs of changes to dose or monitoring intervals.</p> <p>PATIENTS REFERRED ELSEWHERE All blood tests, monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required</p>
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	<p><u>Practices in South Tyneside PCT</u> PATIENTS REFERRED TO GATESHEAD (helpline 0191 445 5240 Mon- Fri 9am- 5pm or consultant secretary) All blood tests, monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required</p> <p>PATIENTS REFERRED TO SUNDERLAND (helpline 0191 5656256 ext 47533–Mon- Fri 9am –5pm). Most blood tests, monitoring and dosing will be carried out entirely by the rheumatology clinic with the responsibility of secondary care to inform the GP of any abnormalities. The GP will be responsible for prescribing in agreement with the Secondary care service. Once stable responsibility may be transferred to GP as agreed between specialist and GP at time of transfer. The GP will then be responsible for monitoring, dosing, blood tests and prescribing.</p>	
Communications	Consultant	Please refer to the standard letter from the patient's consultant. For Gateshead patients a copy of the Gateshead GP information sheet should be enclosed with the letter
	G.P.	If the GP is unwilling to accept prescribing responsibility for an individual patient the consultant should be informed within 1 month of receipt of the shared care request. In such cases the GP must inform the consultant of all relevant medical information regarding the patient and any changes to the patient's medication irrespective of indication.
	Patient	The patient will have received an information leaflet from the hospital. The patient will be informed to contact their GP or Hospital Rheumatology Clinic immediately if any of the following occur: fever, sore throat, cough, skin rash or mouth ulcers. Patients should also contact their GP if blood tests are not being monitored.
Re- referral criteria		
Contact details	Consultant:	
	Additional information for Gateshead patients is available at www.gatesheadhealth.nhs.uk/rheumatology	
Agreed Date	Expiry date	

Reference to full prescribing information e.g. SPC

Appendix 2 Shared Care Request Form

<ul style="list-style-type: none">• Consultant to complete FIRST SECTION of form• GP to complete SECOND section and RETURN to ACUTE TRUST CLINICIAN TEAM if NOT accepting shared care
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Section 1

Consultant	
Hospital address	
Contact Phone Number	

Patient's name	
Address	
This patient is stabilised on	
Dose	
Prescription for 28 days supply given on	

Compliance aid	YES/NO
Monitored by	
Designated community pharmacy	

Their treatment has been explained to them and a review has been arranged for

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Appointments to continue every months

Section 2

Patient's name	
Address	

I do **NOT ACCEPT** the proposed Shared-Care Agreement for this patient

My reasons for not accepting: Please complete this section

Signeddate.....

Please return to the Secondary Care Trust Clinician team at :

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