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

Sodium Aurothiomalate Injection 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

Lynn Cunningham	SOTW Medicines Management Team	Clarendon Windmill Way Hebburn Tyne & Wear NE311AT Tel 0191 283 1348

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:	**Sodium aurothiomalate**	Form and strength:	10mg, 50mg injection
Brand name:	Myocrisin	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 Dose	50mg weekly from week 2 (a 10mg test dose will be given in secondary care) until patient starts to improve (usually about 3 months), then decrease injection to fortnightly. After a further 3 months, if patient continues to improve, decrease to monthly injections. If no response after 1g (20 injections), contact rheumatology for advice
Available Strengths (Colours)	10mg, 50mg injection
Preparations	20mg/ml (0.5ml); 100mg/ml (0.5ml)
Administration	Only use solution if pale gold not a darkened solution. Administer by deep I/M injection.
Cost 28 days (Drug Tariff)	£45 / month
Adverse effects	Rash Eosinophillia >7% may indicate hypersensitivity. Mouth ulcers Abnormal bruising or sore throat. Vasomotor Increased frequency of infection Nephrotoxicity
Contra-indications	Known hypersensitivity to the product Severe renal / hepatic impairment History of blood disorder or marrow aplasia Significant pulmonary fibrosis Pregnancy and lactation
Drug-interactions	Caution with concurrent administration of ACE inhibitors Live vaccines should be avoided
Renal impairment and liver disease	Sodium aurothiomalate is nephrotoxic Caution in mild to moderate liver disease; avoid in severe liver disease
Pregnancy and breast feeding	Seek specialist advice

Monitoring	**Pre-treatment monitoring by hospital: FBC, U+E, creatinine, LFTs and urinalysis.** Chest x-ray in patients over the age of 50 may be advised. **Prior to each 50mg injection.** Routine FBC, with differential white cell and platelet count, ESR and urinalysis for haematuria/ protein. It is permissible to work one FBC in arrears. **if any of the following occur:-** Neutrophils <2x 109/L withhold and contact rheumatologist Platelet <150x103/L withhold and contact rheumatologist WCC <4x 109/L withhold and contact rheumatologist Eosinophilia > 0.5 x 109 – caution and increased vigilance Hb <11 g/dl on 2 consecutive occasions - contact the rheumatology department for investigation of cause – do not stop treatment If there is a steady fall in WBC or platelets (or both) over 3 successive tests contact the team for further advice. **Proteinuria/haematuria** >1+ protein withhold sodium aurothiomalate, check MSU - if evidence of infection, treat appropriately and restart sodium aurothiomalate if proteinuria resolves. If sterile or proteinuria does not resolve post-treatment, withhold until discussed with rheumatology. Normally 24 hour urine collection will be advised. If >0.5g protein /24 hours, gold should be discontinued permanently Trace protein should be ignored **Haematuria** – check MSU and if red cells confirmed (without adequate explanation e.g. menstruation or UTI), investigate. If ++ on 2 consecutive occasions and confirmed on MSU stop drug whilst investigating Check the patient for the presence of a rash or itching, oral ulceration, sore throat , bruising, bleeding or diarrhoea. **Skin rash (dry/flaky/itchy)-** **if widespread, stop and refer,** **if mild,** miss a dose . If improves, resume at a lower dose (20-30mg). Refer if no improvement **Mouth ulcers** – withhold until FBC available. If improves FBC normal, try a) increasing the interval between injections, b) reducing each dose e.g. 20-30mg c) stop gold and refer if no improvement. Stomatitis protocol available for Gateshead patients only

	Abnormal bruising or sore throat - withhold injection until FBC available. If FBC normal, administer dose as normal **Vasomotor** – occurs more frequently in patients on ACE inhibitors. Try a) omitting ACE inhibitor until after injection b) administer injection in the recumbent position c) If above fail, reduce dose to 20-30mg. d) If no improvement, stop and refer. **Increased frequency of infection**- check immunoglobulins. If normal, re-start gold. Stop injections and refer if low. Recommend flu vaccination and consider pneumococcal vaccine.

Responsibilities	**DISEASE MONITORING** Clinical response to therapy will be assessed by the hospital physician in all cases and communicated to the GP **RESPONSIBILITY FOR PRESCRIBING** On initiation of therapy the patient will be given a one month supply of sodium aurothiomalate 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. **<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. **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 **PATIENTS REFERRED ELSEWHERE** All blood tests, monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required **<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. **PATIENTS REFERRED ELSEWHERE** All blood tests, monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required

<table>
<tr><td></td><td colspan="2"><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

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.</td></tr>
<tr><td rowspan="3">Communications</td><td>Consultant</td><td>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</td></tr>
<tr><td>G.P.</td><td>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.</td></tr>
<tr><td>Patient</td><td>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.</td></tr>
<tr><td>Re- referral criteria</td><td colspan="2"></td></tr>
<tr><td>Contact details</td><td colspan="2">Consultant:</td></tr>
<tr><td></td><td colspan="2"></td></tr>
<tr><td></td><td colspan="2">Additional information for Gateshead patients is available at www.gatesheadhealth.nhs.uk/rheumatology</td></tr>
<tr><td>Agreed Date</td><td colspan="2">Expiry date</td></tr>
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Reference to full prescribing information e.g. SPC

Appendix 2 Shared Care Request Form

- **Consultant to complete FIRST SECTION of form**
- **GP to complete SECOND section and RETURN to ACUTE TRUST CLINICIAN TEAM if NOT agreeing to shared care**

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

…… ……..

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

Signed ……date……..

Please return to the Secondary Care Trust Clinician team at :