



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

Sulfasalazine for the Management of Rheumatoid Arthritis, Psoriatic Arthritis and Seronegative Spondyloarthritis

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:	Sulfasalazine	Form and strength:	Tablets 500mg
Brand name:	Salazopyrin EN-Tabs	BNF Code:	10.1.3
Conditions(s) to be treated		Rheumatoid arthritis. Also used in psoriatic arthritis and Seronegative spondyloarthropathy Sulfasalazine suppresses the process responsible for chronic inflammation and can improve joint pain and swelling and may prevent or reduce progression of joint damage.	
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	Initially 500mg daily increasing by 500mg daily each week until target dose of 2g daily (or 40mg/kg) is reached. Please prescribe enteric coated version only.		
Available Strengths (Colours)	Yellow 500mg Yellow 500mg		
Preparations	Tablets e/c and e/c +f/c		
Cost 28 days (Drug Tariff)	£14 / month		
Adverse effects	Haemolytic anaemia Nausea /dyspepsia Rash Male patients – sulfasalazine can cause reduced sperm count and reduced fertility (transient and reversible on drug withdrawal)		
Contra-indications	Significant hypersensitivity to sulfasalazine, sulphonamides or salicylates. Blood dyscrasias Children less than 2 years old.		
Drug-interactions	Uptake of digoxin and folic acid may be reduced. Live vaccines must be avoided. Recommend flu vaccination and consider pneumococcal vaccine.		
Renal impairment and liver disease	Avoid if creatinine clearance less than 15ml/minute		
Pregnancy and breast feeding	Patients should seek pre-pregnancy counselling. Seek specialist advice		
Monitoring	Baseline FBC, ESR, CRP, U+E and LFTs Routine FBC, ESR and LFTs every 2 weeks until target dose achieved. Monitoring then monthly for 2 months then 3 monthly thereafter. Monitoring may be decreased to 6 monthly after 2 years but only after advice from rheumatology department		

if any of the following occurs: -

WBC < 4 x 10⁹/L stop and discuss with rheumatologist

Neutrophils < 2 x 10⁹/L stop and discuss with rheumatologist

Platelets < 150 x 10⁹/L stop and discuss with rheumatologist

Deteriorating LFTs /jaundice (bilirubin >35 μ mol/l) stop and discuss with rheumatologist

Hb < 11g/dl on 2 consecutive occasions - contact the rheumatology department for investigation of cause – do not stop sulfasalazine
If there is either a rapid fall or a downward trend even with normal ranges proceed with caution and extra vigilance and seek advice from rheumatology

AST/ ALT 2-3 x upper limit of normal range – recheck in 1 week, if still raised discuss with the Rheumatologist

AST/ALT > 3 times normal range Stop leflunomide and contact the rheumatologist

Abnormal bruising or severe sore throat – check FBC immediately

Oral ulceration, fever/ flu-like illness (often with blood abnormality) stop and refer for advice.

Stomatitis protocol is at www.gatesheadhealth.nhs.uk/rheumatology for Gateshead patients only

Nausea /dyspepsia – reduce dose then increase more slowly. Problems usually resolve despite continuing treatment. Prescribe anti-emetic such as prochlorperazine but consider endoscopy if dyspepsia persists.

Rash, if severe stop drug and contact rheumatology department. If mild rash continue and observe. If rash occurs during titration discuss with rheumatology

Headache/mood change – may respond to dose reduction but if not, stop drug and inform Rheumatology team.

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 sulfasalazine 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>Practices in South Tyneside PCT 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.
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

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

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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 :

