The Rotherham NHS
NHS Foundation Trust

AZATHIOPRINE SHARED CARE PROTOCOL

Your patient has now been on Azathioprine for at least 3 months, at a dose detailed in the most recent clinic letter, and has received blood test monitoring from the Gastroenterology department which is stable. We would now be grateful if your practice would take over the responsibility for:

- Prescribing the Azathioprine
- Performing the blood tests and monitoring the results (if your practice is signed up to shared care LES)

We would be grateful if you would fax / post back the attached sheet to indicate acceptance of the shared care agreement.

If patients fail to attend for their monitoring, we would recommend contacting them to arrange one further monitoring appointment but thereafter to stop prescribing their treatment until the monitoring requirements have been met.

The patient carries a hand held monitoring book, which has been kept up to date by the Gastroenterology department, and/or GP prescriber, and contains patient information.

Important Information:

- Repeat prescriptions should be retained separately (i.e. highlighted as different to all other repeat prescriptions), so the GP prescriber can ensure monitoring has been undertaken prior to signing and issuing to patient
- Alcohol intake should be limited to nationally recommended levels.
- Azathioprine is relatively safe in pregnancy and when breastfeeding but patients are advised to inform their Gastroenterologist if they are planning a pregnancy
- Allopurinol / Febuxostat should not be prescribed (significant interaction)
- Live vaccines should not be given
- Annual flu jab is recommended (to be given by GP practice)
- Avoid exposure to chickenpox and shingles. If infection develops it should be treated aggressively with antiviral medication and Gastroenterology dept can be contacted for advice
- Side effects include: Mild Oral Ulceration / Nausea / Diarrhoea – drug continuation depends on severity and patient wishes.

TMPT (Thiopurine Methyl Transferase) levels are checked before treatment is commenced, in order to predict the 2% of the population most at risk of severe side effects. Treatment is usually started at a dose of 50mg daily and increased by

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50mg every 2-4 weeks, to a maximum of 2.5 mg/kg daily according to clinical response. In practice doses over a total of 200mg daily are seldom necessary. Smaller doses are used in severe renal or hepatic failure and in the elderly.

Monitoring schedule:

- FBC/ U&E / LFT / CRP 2 weekly for a month and monthly for 2 months
- Then 3 monthly unless dose changes
- If dose increase: additional FBC/U&E/LFT after 2 & 4 weeks
- Results to be entered into hand held monitoring booklet

IF:

WCC	< 3.5 x 10^9/l (unless disease related)
Neutrophils	< 1.8 x 10^9/l
Platelets	< 150 x 10^9/l (unless disease related)
AST or ALT	> 100

Or Severe Oral Ulceration, Vomiting or Diarrhoea

Stop medication and contact Gastroenterology service.

If CRP elevated (>25) and patient symptomatic, inform Gastroenterology department. If CRP suddenly elevated without significant change to bowel symptoms assess patient for infection.

Patients should stop Azathioprine if they have significant infection requiring antibiotics (or chickenpox / shingles), and restart once infection treated.

Department Contact details:

Fax:	01709 427635
Telephone Helpline(IBD Nurses):	01709 424580

Consultants:

Dr Pandurangan Basumani	01709 427854
Dr Mohamed Yousif	01709 427854
Dr Barbara Hoeroldt	01709 427346

Nurse Specialists:
Sister Margaret Walsh + Sister Marie Jerrison – 01709 424580

Specialist Registrar: available on dectphone/bleep via Switchboard

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Gastroenterology Azathioprine Shared Care Monitoring Agreement for Transfer of Prescribing and Monitoring from Hospital to Primary Care

Patient:

Consultant: ……

Patient's addressograph

Name of General Practitioner: Dr……

Name of GP Practice: ……..

Please initial each box as appropriate:

☐ I am in agreement that from …… /……. / 20 …… the practice will take over the prescribing of Azathioprine for the above patient in accordance with the shared care guidelines which are attached.

☐ The practice is happy to take on the blood test monitoring according to the schedule above, and will ensure that this patient's Shared Care Monitoring booklet is updated soon after the results become available

☐ I also confirm that I will take appropriate action, in accordance with the above-mentioned Guidelines in the event of abnormal blood tests or other adverse reactions, and will inform the patient's Gastroenterologist if I advise the patient to stop their Azathioprine.

☐ I am aware that all of the Consultant Gastroenterologists are happy to be contacted about their patients via their secretaries if there are any concerns.

GP Signature …….. **Print Name** ……

Date …….

Please FAX Once Complete to 01709 427635

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