Berkshire West Integrated Care System
Representing
Berkshire West Clinical Commisioning Group
Royal Berkshire NHS Foundation Trust
Berkshire Healthcare NHS Foundation Trust
Berkshire West Primary Care Alliance

Prescribing Guidelines

Prescribing arrangement for the management of patients transferring from ***Secondary Care to Primary Care***

Azathioprine for the treatment of vasculitis

APC PG 022

For the latest information on interactions and adverse effects, always consult the latest version of the Summary of Product Characteristics (SPC), which can be found at: http://www.medicines.org.uk/

Approval and Authorisation

Approved by	Job Title	Date
Renal CG, RBH	Dr B Alchi, CG Chair	July 2016
RBH Drugs and Therapeutics Committee	S Hussain, Chair	November 2016
BW GP Medicines Optimisation Committee	W Beecham, Chair	June 2017

Change History

Version	Date	Author	Reason
v.1.0	July 2016		New document

This prescribing guideline remains open to review considering any new evidence.

This guideline should only be viewed online and will no longer be valid if printed off or saved locally

Author	unknown	Date of production:	June 2016
Job Title	unknown	Review Date	June 2019
Protocol Lead	unknown	Version	v.1.0

Introduction

This guidance has been prepared to support healthcare professionals in the implementation of shared care management of patients who have been prescribed azathioprine for the treatment of vasculitis.

Azathioprine is an immuno-modulator that is used to induce and maintain remission in vasculitis, even though it is off-label use.

Dose

The recommended dose is up to 2mg/kg once a day. The maximum dose is 200mg once a day.

Administration

Tablets should be taken at least 1 hour before or 3 hours after food or milk.

Cautions

- Patients should try to avoid contact with people who have active chickenpox or shingles and should report any such contact to their GP or consultant.
- Careful assessment of risk versus benefit should be carried out before use during pregnancy and breast-feeding.

Contraindications

- Moderate/severe liver impairment
- Significant haematological impairment
- Thiopurine methyltransferase (TPMT) deficiency
- Hypersensitivity to Azathioprine

Side effects

- Gastro-intestinal disturbances - Nausea, vomiting, diarrhoea, anorexia and abdominal discomfort
- Hepatotoxicity (hepatic necrosis, biliary stasis)
- Bone marrow suppression (leucopoenia, thrombocytopenia) and therefore increased risk of infection
- Oral ulceration, rarely gastrointestinal ulceration
- Hypersensitivity reactions (fever, rigors, rash, myalgia, arthralgia, hypotension, dizziness)
- Rarely pancreatitis, interstitial nephritis
- Alopecia
- Increased risk of lymphoma and skin cancer

Interactions

- Avoid prescribing allopurinol in patients on azathioprine due to a clinically significant interaction that can lead to increased azathioprine levels and toxicity.
- Increased risk of haematological toxicity with co-trimoxazole and trimethoprim.
- Patients should avoid 'live' vaccines such as oral polio, oral typhoid, MMR, BCG, chicken pox/shingles and yellow fever, whilst on immunosuppressive therapy. Contact hospital specialist for advice on any vaccinations if required.
- Anticoagulant effect of warfarin possibly reduced by Azathioprine.
- Possible increased risk of leucopenia when azathioprine given with aminosalicylates.

Criteria for Use

RESPONSIBILITIES and ROLES

Specialist responsibilities
1 Initiate treatment and prescribe until the GP formally agrees to share care (a supply of two weeks or original pack as per agreement).
2 Carry out baseline and subsequent monitoring.
3 Send a letter to the GP requesting shared care for the patient.
4 Routine clinic follow-up on a regular basis.
5 Send a letter to the GP after each clinic attendance ensuring current dose, most recent blood results and frequency of monitoring are stated.
6 Evaluation of any reported adverse effects by GP or patient.
7 Contact GP if results of blood monitoring are abnormal with advice for e.g. suspend treatment, decrease dose etc.
8 Advise GP on review, duration or discontinuation of treatment where necessary.
9 Inform GP of patients who do not attend clinic appointments.
10 Ensure that backup advice is available at all times

Monitoring requirements and actions (to be undertaken by the hospital)
• Pre-treatment FBC, renal profile, LFTs and TMPT levels.
• Subsequent Monitoring ▪ **FBC, renal profile and LFTs** – weekly for 6 weeks and at weeks 2 and 4 after each dose change. Thereafter monthly for 6 months, and then every 3 months if treatment continues.

General Practitioner responsibilities
1 Monitor patient's overall health and well being. 2 Prescribe the drug treatment as described 3 Report any adverse events to the hospital specialist, where appropriate 4 Help in monitoring the progression of disease. 5 Alert the hospital of any suspected non-compliance with treatment.

Patient's / Carer's role
1 Ask the specialist for information, if he or she does not have a clear understanding of the treatment. 2 Tell the specialist of any other medication being taken, including over-the-counter products. 3 Read the patient information leaflet included with your medication and report any side effects or concerns you have to the specialist or GP

BACK-UP ADVICE AND SUPPORT

Contact details	Specialist	Telephone No.	Email address:
Consultant nephrologists	Dr Bassam Alchi Dr Lindsey Barker Dr Nitin Bhandary Dr Cian Chan Dr Oliver Flossmann Dr Mobin Mohteshamzadeh Dr Emma Vaux	(0118) 322 1889	