



BEDFORDSHIRE AND LUTON JOINT PRESCRIBING COMMITTEE

Shared Care Guideline for the Prescribing and Monitoring of Maintenance Doses of Thiopurine Medications (Azathioprine and 6-Mercaptopurine) for the treatment of Inflammatory Bowel Disease

Applicable for patients under the care of the Specialist Gastroenterology team at the Luton & Dunstable hospital (L&D)

IMPORTANT AMENDMENT TO THE MANAGEMENT OF PATIENTS CURRENTLY PRESCRIBED AZATHIOPRINE OR 6-MERCAPTOPYRINE DURING THE COVID-19 PANDEMIC OUTBREAK

[Click here](#) to read the full guidance for this patient cohort which also includes advice on the frequency of blood test monitoring of azathioprine and 6-mercaptopurine in stable patients

PATIENT'S NAME:

PATIENT'S ADDRESS:

HOSPITAL NAME AND NUMBER / PATIENT IDENTIFIER:

CONSULTANT'S NAME:

GP's NAME:

Bedfordshire CCG
Luton CCG

General Shared care Guideline Requirements (that apply to all shared care guidelines)

- Transfer of clinical responsibility to primary care should only be considered where the person's clinical condition is stable or predictable.
- The hospital clinician/specialist service should prescribe if the patient will be attending hospital/specialist service regularly for specialist monitoring, otherwise contact the GP/other health care professional to agree to share care.
- Patients should be at the centre of any shared care arrangements. Individual patient information and a record of their preferences (including patient consent) should accompany shared care prescribing guidelines where appropriate.
- A copy of the shared care guideline should be provided by the specialist centre initiating the treatment to both the patient (where appropriate) and the clinician participating in the shared care. Failure to provide a copy of the shared care guideline could result in a delay in responsibility for prescribing/administration being accepted in primary care.
- Adhere to CCG policies.
- The GP/other health care professional should have sufficient information on the drug to either allow them to monitor the patient's response to therapy and adjust dosages as required or know in what circumstances they should refer the patient back to the hospital clinician
- Where the hospital clinician/specialist service retains responsibility for monitoring drug therapy or making dosage adjustments, the GP/other health care professional must be informed of any dose changes as soon as possible to avoid an incorrect dose being administered. Similarly if the GP/other health care professional changes the patient's medication then the hospital clinician/specialist service involved in the shared care agreement should be informed
- The patient should inform their usual community pharmacist that they will be starting the treatment to help ensure that supplies are available.

Luton & Dunstable (L&D) Hospital 'Specific' Shared Care Guideline for IBD (in addition to the above general requirements):-

Gastroenterology Immunomodulatory Monitoring Service

Thiopurines are routinely used in the management of Inflammatory Bowel Disease (IBD). In order to ensure patient safety, regular blood test monitoring is required to monitor for any drug induced side effects e.g. blood dyscrasias.

The Gastroenterology Specialist team at the L&D offer an Immunomodulatory Monitoring Service which allows the Specialist team to continue to closely monitor the clinical response

to therapy on an ongoing basis and to closely monitor blood tests on a regular basis to ensure patient safety.

Aims of shared care:

- To facilitate the **safe prescribing** of thiopurine medications by a patient's GP in partnership with the service provided by the Specialist Immunomodulatory team.
- To ensure effective communication between the GP, the Specialist team and the patient. This is essential to **ensure that any medication changes made by either party is communicated to the other as soon as possible.**
- Allows the initiation and stabilisation of thiopurine therapy under the care of the Gastroenterology Specialist team.
- Allows the Specialist team to continue to monitor the effectiveness of the treatment on an ongoing regular basis. (This is done by either a telephone consultations or an out-patient appointment).
- Once a patient is on a stable maintenance dose, allows the ongoing prescribing of medication to be taken over by the patient's GP while retaining Specialist input as part of the L&D enhanced Immunomodulatory service.
- **Under this shared care arrangement, it has been agreed locally to adopt a dual approach where BOTH the GP and the Specialist team are required to actively check the blood test results on a regular basis (typically every 3 months)**
- The rationale behind this dual approach is detailed below:
 - Allows the Specialist team to continue to closely monitor the clinical response on a three monthly basis and to check for any adverse drug induced side effects e.g. blood dyscrasias
 - Allows the GP to comply with the General Medical Council standard that states that the person who prescribes the drug is also required to check any blood test results before they sign and issue a further prescription – i.e. GMC states **'the person who signs the prescription is legally liable for the prescribing and the consequent effects of that drug.'**
- Define the areas of responsibility for the sharing of care for the prescribing **and** blood test monitoring of thiopurines for the treatment of Inflammatory Bowel Disease.
- Ensure that Specialist back-up advice for GP's and patients is available and provide both GP and patient with a list of contact details of the Specialist team.

Initiation of Shared Care (as per local agreement)

- Create clear communication channels between the Specialist, GP and the individual patient and / or their carer to ensure that information regarding any changes to medication dosage instructions made by either the Specialist team or the GP are communicated as soon as possible to the patient and the other respective health care professional.
- The Specialist team will contact the GP to request sharing of care when the patient is on a stable maintenance dose of the drug and is deemed clinically stable.
- When requesting shared care, the Specialist team must first check that the GP has access to the patient's blood test results via the L&D ICE blood test system.
NB. If the GP cannot access the blood test results, the GP is under no obligation to accept shared care as the GP is professionally required to check the blood test results as per General Medical Council (GMC) requirements. If arrangements cannot be made to allow the GP to view the blood test results, the patient will need to be retained by the Specialist team.

- It will be assumed that any GP who has access to the L&D ICE system will opt in and accept shared care unless they advise the hospital clinician/specialist service to the contrary.
- If a GP is unwilling / not able to participate in a shared care agreement, the Specialist team should be informed and the CCG Medicines optimisation team should be asked for assistance in facilitating suitable prescribing arrangements for the patient.
- GPs can contact the Gastroenterology Specialist team directly for advice and support on an ongoing basis.
- Patients will continue to be reviewed by the Gastroenterology Specialist team either via telephone consultations or at scheduled out-patient appointments (frequency will vary on an individual basis).

The Process:-

- The Specialist team will continue to send the patient blood test request forms every 3 months with a set of clear instructions as to when to have the blood tests. (This process ensures that the blood tests are always processed at the L&D laboratory and the results are accessible on the L&D ICE blood test system and the Gastroenterology patient database.)
- The Specialist team will continue to **actively check the blood test results** and other clinical markers (if requested) and will notify both the GP and the patient if any changes to medication is required.
- The GP is required to **independently check the blood test results PRIOR to issuing a further prescription** as GMC requirements state that the GP as the prescribing clinician is also required to check any blood test results before they sign and issue a further prescription.

Hospital Specialist Team Responsibilities:-

Assessment:

- Confirm diagnosis and indication for drug treatment.
- Discuss potential benefits and side-effects of treatment with patient.
- Gain consent from the patient and document this discussion in the health record.
- Check patient's Thiopurine methyltransferase (TPMT) level prior to considering starting a thiopurine.
- Check patient's immunity status prior to prescribing a thiopurine
- Contact the GP to request for any required immunisations to be given in Primary care where possible before initiating therapy.
- Carry out baseline monitoring requirements before initiating therapy as per individual hospital guidelines.
- Check for possible drug interactions when newly prescribing or stopping azathioprine or 6-mercaptopurine. (Drug histories can be obtained from patient or GP surgery).

- Check for possible drug interactions when newly prescribing or stopping any other concurrent medication - See Appendix 1 for details (NB There are a number of potential significant clinical interactions that can occur when prescribing or stopping thiopurine medication e.g. with allopurinol.

Prescribing and Blood Test Monitoring Responsibilities

On initiation of therapy:-

- Initiate treatment and clearly explain the dosage regimen to the patient.
- Explain the blood test monitoring schedule and the importance of attending for blood tests to the patient.
- Inform the GP that treatment has been initiated, clearly stating which drug has been started and provide details of dose and frequency.
- Inform the GP if the patient is receiving any additional immunosuppressants e.g. biologic drugs from the hospital and the GP should ensure that this information is added to the patient's medical record.
- Continue to prescribe the medication and actively monitor blood tests until the patient's dose has been stabilised (approx. first 3 months of treatment) and a shared care agreement has been implemented.
- Inform the GP that baseline blood test and the most recent blood test results are available to view on the L&D ICE system prior to implementing a shared care agreement.
- Advise the patient to seek medical advice immediately if any oral ulcerations, ulcerations of the throat, recurrent sore throats, fever, infections, bruising, bleeding or other signs of myelosuppression occur.
- Provide the patient with appropriate advice regarding contraception / pregnancy / breastfeeding.
- Advise the patient on correct handling of cytotoxic agents if applicable.
- Advise patient to avoid excessive sun exposure and to use sunscreens and protective clothing.
- Advise patients who have not had exposure to Varicella-zoster to avoid contact with people who have active chickenpox or shingles and report any such contact urgently to the Specialist team or the GP.
- Advise patients to attend for a pneumococcal vaccine and an annual flu vaccination.
- Contact the GP to request shared care and to check if the GP has access to the L&D ICE system once the patient is on a stable maintenance dose.
- Initiate share care once the patient is on a **stable maintenance dose** and the patient is suitable for 3 monthly blood test monitoring.
- Send the GP a copy of this shared care guideline. (available electronically via the GP Ref website)

Once shared care is implemented:-

- The GP will take over the prescribing of the medication on an ongoing basis and the Specialist team will retain the responsibility for issuing the blood test forms at the required frequency and will continue to actively monitored the results.
- Advise the GP if more frequent blood tests are required e.g. following any dose adjustments, in certain patients groups e.g. those with renal impairment. (see Blood test monitoring advice in the relevant individual drug fact sheet, appendix 1)
- In the event of an abnormal blood test result, contact the GP to advise on action taken or required.

- When contacted by a GP, provide advice on the discontinuation of azathioprine / 6-mercaptopurine.
- Retain prescribing and blood test monitoring responsibility for any patients who have been referred back to secondary care by the GP.
- To provide advice to GP if patient is being considered for treatment with allopurinol, (or oxipurinol or thiopurinol*) due to severity of interaction between these drugs and azathioprine/ 6-mercaptopurine. (*oxipurinol and thiopurinol are not licensed in the UK but could possibly be obtained on a named patient basis).

On-going review of patient

- Monitor the patient's response to therapy and inform the GP of any changes in frequency or dosage following any telephone consultations / outpatient appointments.
- Monitor the patient for side effects to the chosen therapy, evaluate any reported adverse effects highlighted by the GP or patient and report any suspected adverse event to the GP and, if appropriate to the MHRA.
- Advise GP on review, duration or discontinuation of treatment where necessary.
- Inform GP of any patients who do not submit regular blood tests or attend clinic appointments.
- Provide regular follow-ups (frequency depending on clinical response) and allow an opportunity to discuss drug therapy at the follow-up.
- Continue to monitor the patient from a clinical perspective at regular intervals as part of the Immunomodulatory monitoring service even if the GP agrees to share care.
- Provide an annual review of all patients.
- Notify the GP after each clinical review, detailing any action taken in the patient's management including any changes made to the treatment plan.

General Practitioner Responsibilities:-

Prescribing and Blood Test Monitoring

(For patients who are on a stable maintenance dose of a thiopurine medication)

On acceptance of shared care:-

- Monitor patient's overall health and well-being
- Update the patient's record to reflect the TPMT activity level.
- Update the patient's medical record to reflect the results of immunity screening and document any vaccinations given prior to starting thiopurine therapy.
- Ensure that the patient's medical record is updated if the patients is also being prescribed any additional immunosuppressant therapy e.g. biologic agent by the Specialist team (as these are often solely prescribed by secondary care clinicians).
- Report any significant change in the patient's condition / loss of effectiveness of medication to the Specialist team.

- **Advise patient to contact prescribing clinician (GP or Specialist) immediately if any oral ulcerations, ulcerations of the throat, fever, recurrent sore throats, infections, bruising, bleeding or other signs of myelosuppression occur.**
- Initiate prompt anti-infection treatment when indicated on the basis that the patient might be immunosuppressed to some degree.
- Re-iterate the importance of attending for regular blood tests.
- Ensure that any blood tests taken in primary care are sent to the L&D laboratory for processing (to ensure Specialist team can access the results)
- Advise patients to attend for a pneumococcal vaccine and an annual flu vaccination.
- Advise female patients to attend for regular cervical smear tests
- Re-iterate the advice for patient to avoid excessive sun exposure and to use sunscreens and protective clothing.
- Re-iterate the advice on correct handling of cytotoxic agents if applicable.
- Re-iterate advice to patients who have not had exposure to Varicella-zoster to avoid contact with people who have active chickenpox or shingles and report any such contact urgently to the Specialist team or the GP.
- Report any suspected adverse event to the Specialist team and, if appropriate to the MHRA.
- Monitor the patient for any side-effects to the chosen drug therapy and refer back to the Specialist and contact MHRA should any serious side-effects occur

On Going Prescribing of Thiopurine Medication

- Agree to prescribe the relevant drug treatment once the patient's therapy has been stabilised as described by the Specialist team.
- Ensure that 'repeat prescriptions requests' for azathioprine or 6-mercaptopurine are retained separately for **"prescriber review prior to authorisation"** as they are regarded as high risk drugs which require a review of blood test results by the GP prior to issuing of a prescription.
- GP to check **the blood test results PRIOR to issuing a further prescription.** (as per GMC requirements)
- (Blood tests required typically are: FBC, U&E, LFT, amylase (every 3 months) and TFT, 6TGN, 6MMPN, Faecal Calprotectin (every 6 months).
- Ensure that the **dosage and frequency** of administration is clearly stated on the prescription. Use of phrases such as 'as directed' **must** be avoided.
- Check for possible drug interactions when newly prescribing or stopping any other concurrent medication - See Appendix 1 for details (NB There are a number of potential significant clinical interactions that can occur when prescribing or stopping thiopurine medication e.g. with allopurinol.

Seek Advice from the Specialist team:-

- If more frequent blood tests are required e.g. following any dose adjustments, in certain patients groups e.g. those with renal impairment.
- if patient experiences any of the symptoms/ adverse events as listed in table 1 within the individual drug information sheets, (appendix 1).
- if any dose adjustments are needed or if the need to stop the drug arises.
- if patient fails to attend for regular 3 monthly blood test monitoring.

- If patient is pregnant or considering pregnancy.
- If patient is / wishes to breastfeed
- If considering prescribing allopurinol (due to significance of interaction – see appendix 1)

Patient's Responsibilities

- Attend hospital / GP appointments
- Discuss potential benefits and side-effects of treatment with the specialist and/or GP and share any concerns they have in relation to their treatment.
- To report any other side-effects to the Specialist and / or GP.
- Compliance with medication.
- To participate in the monitoring of therapy (including having blood tests carried out at agreed intervals) and assessment of outcomes, to assist health professionals to provide safe, appropriate treatment.
- To inform GP/Specialist of all medicines (including OTC preparations, herbal preparations etc.) currently being taken.
- To inform any other healthcare professional that they take immunosuppression therapy.
- To fully understand the advice provided by the Specialist regarding contraception / pregnancy / breastfeeding while taking azathioprine or 6-mercaptopurine.
- Report any suspected pregnancy to the GP and/or Specialist.
- To inform the prescribing clinician (GP or Specialist) immediately about oral ulcerations, ulcerations of the throat, recurrent sore throats, fever, infections, bruising, bleeding or other signs of myelosuppression.
- Patients who are non-immune to varicella-zoster should notify their GP of any inadvertent exposure to people who have active chicken pox or shingles so that passive immunity can be given with varicella-zoster immune globulin.
- To fully understand the advice provided by Specialist regarding avoiding excessive sun exposure and the use of sunscreens and protective clothing.

BACK-UP ADVICE AND SUPPORT – CONTACT DETAILS:

The Luton and Dunstable Hospital

Consultants Contact Number: 01582 497478.

Nurse Specialist: 01582 718368

Appendix 1

See below for a link to the following:

- [azathioprine information sheet](#)
- [6-mercaptopurine information sheet](#)
- [Patient information sheet \(published by Crohn's & Colitis UK\)](#)

References:-

Currently being updated – contact Medicine Management team

[https://labtestsonline.org.uk/tests/tpmt`](https://labtestsonline.org.uk/tests/tpmt)