Rheumatology

Azathioprine Tablets (Imuran)

Produced by The 3T's formulary

Further copies can be obtained from:
Pharmacy Department, Great Western Hospital
NHS Wiltshire

Addressograph label

Patient's Name _____

Consultant Name _____

Consultant Signature _____

Date _____

I agree to your request to prescribe Azathioprine in accordance with the attached shared care guideline:

GP Name _____

GP Signature _____

Date _____

Azathioprine Tablets (Imuran®) (TLS Amber)

Please see list of indications covered by this shared care guideline on page 3

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care agreement outlines how responsibility for prescribing azathioprine tablets might be shared between specialist and general practitioner (GP). GPs are invited to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care is usually explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

The doctor who prescribes this medication legally assumes clinical responsibility for azathioprine tablets and the consequences of its use.

RESPONSIBILITIES and ROLES

	Specialist responsibilities
1	Initiate treatment and prescribe at least the first month supply of medication.
2	Discuss the benefits and side effects of treatment with the patient and emphasise the importance of regular monitoring. Patients should be told to immediately report any signs or symptoms of bone marrow suppression (bleeding/bruising etc).
3	Ask the GP whether he or she is willing to participate in shared care, and discuss the shared care arrangement with the patient & obtain their consent.
4	Ensure compatibility of azathioprine with other concomitant medication.
5	Supply GP with summary within 14 days of a hospital out-patient review or in-patient stay.
6	Review the patient's condition and monitor response to treatment at least annually or as deemed clinically necessary.
7	Give advice to the GP concerning ongoing prescribing, monitoring, dosage adjustments and when to stop treatment.
8	Report adverse events to the MHRA & GP.
9	Ensure that clear backup arrangements exist for GPs to obtain additional advice and support should they need it.

	General Practitioner responsibilities
1	Reply to the request for shared care as soon as practicable.
2	Prescribe medicine at the dose recommended by the specialist
3	Undertake monitoring as per monitoring schedule on page 3.
4	Ensure compatibility of azathioprine with other concomitant medication.
5	Refer promptly to specialist when any loss of clinical efficacy is suspected (e.g. worsening of disease-related symptoms, new symptoms suggestive of disease recurrence or progression) or intolerance to therapy occurs.
6	Report to and seek advice from the specialist on any aspect of patient care that is of concern to the GP and may affect treatment.
7	Stop treatment on the advice of the specialist.
8	Report adverse events to the specialist and MHRA.

	Patient's role
1	Attend all appointments with GP and specialist, including appointments for blood tests and other monitoring.
2	Report to the specialist or GP if he or she does not have a clear understanding of the treatment.
3	Share any concerns in relation to treatment with medicine.
4	Inform specialist or GP of any other medication being taken, including over-the-counter products.
5	Report any adverse effects to the specialist or GP whilst taking the medicine.

BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.	Bleep:	Email address:
Specialist (Rheumatology):			
Dr E Price – Consultant Rheumatologist	01793 604314	2112	Elizabeth.Price@gwh.nhs.uk
Dr L Williamson – Consultant Rheumatologist	01793 604318	1263	Lyn.Williamson@gwh.nhs.uk
Dr D Collins – Consultant Rheumatologist	01793 604317		David.Collins@gwh.nhs.uk
GWH Medicines Information	01793 605029		medinfo@gwh.nhs.uk
Rheumatology Team – Osprey Department	01793 604323		

SUPPORTING INFORMATION

Indications

- Rheumatoid Arthritis
- Systemic Lupus Erythematosus
- Dermatomyosis and polymyositis
- Polyarteritis nodosa
- Chronic refractory idiopathic thrombocytopenia purpura

Dosage and administration

- The usual dose is 1-3mg/kg/day and should be adjusted based on clinical response and haematological tolerance.
  (In practice dose regime is usually 50mg daily for one week, then 100mg daily for one week, then 150mg daily thereafter).
- Administer with or immediately after food.
- Therapeutic effect may only be evident after several weeks of treatment, once response is evident, consider a dose reduction to the lowest level capable of maintaining effect.
- If no improvement is seen in the patients' condition within three months consider withdrawing treatment with azathioprine after discussion with the specialist.

Contra-indications and precautions for use

- Hypersensitivity to azathioprine or any of the excipients. Hypersensitivity to 6-mercaptopurine indicates probable hypersensitivity to azathioprine
- Limit exposure to sunlight & UV light, patients should wear protective clothing and high factor sunscreen
- In patients with renal or hepatic insufficiency doses should be at the lower end of normal range.

Side-effects

Nausea when first starting treatment can be relieved by administering with food.
Please note: A raised MCV is common and not a reason to stop treatment

Very Common	Leucopenia, depression of bone marrow function
Common	Thrombocytopenia
Uncommon	Viral, fungal & bacterial infections, anaemia, pancreatitis, hypersensitivity reactions, Cholestasis & degeneration of liver function tests
Rare	Agranulocytosis, pancytopenia, aplastic anaemia, megaloblastic anaemia, colitis, Erythroid hypoplasia, alopecia, photosensitivity, neplasms
Very Rare	Reversible pneumonitis, Stevens-Johnson Syndromen & toxic epidermal necrolysis

Please note that the following convention has been used for the classification of side-effects: very common (≥ 1/10), common (≥ 1/100 to <1/10), uncommon (≥ 1/1,000 to <1/100), rare (≥ 1/10,000 to <1/1000) and very rare (<1/10,000).

Refer patient back to the specialist if any of these side-effects cause concern. Refer to the SPC for a full list of adverse effects & further information http://www.medicines.org.uk.

This medicine does not have black triangle (▼) status. Serious suspected reactions (even if well recognised or causal link uncertain) should be reported to the MHRA.

Monitoring

Parameter	Frequency of monitoring	Action
Full Blood Count (incl. platelets)	Monthly for 6 months and 3 monthly thereafter	If new fall below normal range or consistent downward trend refer to specialist.

Drug Interactions

- Allopurinol/Oxipuronol/Thiopurinol – inhibits the metabolism of azathioprine. The dose of azathioprine must be reduced to 25% of the dose
- Warfarin – inhibition of anticoagulant effect may occur
- Live vaccines are contraindicated. Killed vaccines – diminished response may be seen

See SPC for full list of interactions.

Cost
(100 tablets)
25mg - £11.19
50mg - £7.08 (NHS Prescription Services 14th June 2012)

References

- Electronic Medicines Compendium. Summary of Product Characteristics. Imuran Tablets (Azathioprine)

http://www.medicines.org.uk/EMC/medicine/2881/SPC/Imuran+Tablets+25mg/

- BNF 63, March 2012

Author: Katherine Roe, Formulary Pharmacy Technician, GWH

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