Name: Attach Banda Label here Address: Date of Birth: NHS number:

Coventry & Warwickshire
Area Prescribing Committee

SHARED CARE AGREEMENT

Sulfasalazine [EC]

SCA: Active Rheumatoid arthritis

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of sulfasalazine for active rheumatoid arthritis can be shared between the 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 specialist initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

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

Specialist responsibilities

1. Discuss the benefits, side effects and expected outcomes of treatment with the patient.
2. Supply the drug information leaflet, counsel the patient and obtain informed consent.
3. Ensure that the patient understands the dosing.
4. Obtain patient consent to shared care arrangement and agreement to hold personal and treatment details on rheumatology computerised blood monitoring database.
5. Undertake appropriate baseline blood tests. Height, weight, blood pressure, FBC, U&Es, LFTs, albumin, CRP, ,eGFR, VZV.
6. Provide results of baseline tests and recommend frequency of monitoring to the GP and future regular blood tests required.
7. The initial 3 month sulfasalazine prescription (supplied in instalments as appropriate) will be issued by the secondary care Rheumatologist/ Nurse Prescriber outlining dose and timing of any concomitant medications.
8. Confirm with the GP in writing whether he or she is willing to participate in shared care by faxing this template letter.
9. Review the patient's condition initially every 3 months for the initial 12 months then 6 - 12 months thereafter and communicate promptly. with the GP when treatment is changed, providing a copy of most up to date blood tests.
10. Advise the GP on when to adjust the dose, stop treatment, or consult with specialist.
11. Ensure that clear backup arrangements exist for GPs to obtain advice and support.

Report adverse events to the MHRA on a Yellow Card www.mhra.gov.uk/yellowcard, and to the GP and appropriate Medicines Optimisation team.

General Practitioner responsibilities

1. To reply to the request for shared care as soon as practical (in writing) by faxing back the signed template form.
2. To prescribe sulfasalazine at the dose recommended.
3. To ensure blood forms issued by secondary care are used for routine blood test monitoring and if necessary patient to attend surgery for blood tests as specified on pre-printed blood form.
4. Patients living 'out of area' will have their blood results faxed by their surgery to the rheumatology blood monitoring database staff who will then manually enter results onto the system.
5. To ensure compatibility with other concomitant medication.
6. To adjust the dose as advised by the specialist.
7. To stop treatment on the advice of the specialist, or immediately if an urgent need to stop treatment arises. [as detailed below in monitoring section].

Report adverse events to the MHRA on a Yellow Card (www.mhra.gov.uk/yellowcard), the specialist, and the appropriate Medicines Optimisation team.

Patient/carer's role

1. To attend all appointments with GP and specialist.
2. To report to the specialist or GP if he or she does not have a clear understanding of the treatment.
3. Agree to routine blood monitoring for the duration of treatment.
4. To share any concerns in relation to treatment with sulfasalazine. Inform the specialist or GP about oral ulceration or rash.
5. To inform specialist or GP of any other medication being taken, including over-the-counter products/ alternative therapies.

Report any adverse effects or warning symptoms to the specialist or GP. The patient may also choose to report any adverse drug reaction direct to the MHRA on a Yellow Card , available at pharmacies, GP surgeries or from the Yellow Card hotline (freephone 0808 100 3352 during business hours). The form can also be downloaded from www.mhra.gov.uk/yellowcard

This SCA should be read in conjunction with the Summary of Product Characteristics (SPC) and the current edition of the British National Formulary

Back-up Advice and Support: See patient letter and/or other supporting information for contact details of clinician(s) initiating and stabilising patient prior to request for shared care.

SUPPORTING INFORMATION *(see SPC for complete details/specific guidance http://emc.medicines.org.uk)*

Licensed indications: (Licensed): RA, ulcerative colitis and Crohn's disease.
(Unlicensed): Sero-negative spondyloarthropathy including psoriatic arthritis and psoriasis.

Dosage and administration: Preparation: Enteric Coated tablets improve gastrointestinal tolerability.
Starting dose and titration: 500 mg daily for first week, 500 mg bd for second week, 1g mane 500 mg nocte for third week, then 1g bd maintenance dose.
If inadequate response on 2g, Increase to 3g per day in divided doses.

Monitoring: Pre-treatment assessment: Height, weight, blood pressure, FBC, LFTs, albumin, U&Es, eGFR, CRP, VZV must be checked before treatment commences

During treatment: Check FBC, creatinine/calculated GFR, ALT and/or AST and albumin every 2 weeks until on stable dose for 6 weeks; then once on stable dose, monthly FBC, creatinine/calculated GFR, ALT and/or AST and albumin for 3 months; thereafter, FBC, creatinine/calculated GFR, ALT and/or AST and albumin at least every 12 weeks. More frequent monitoring is appropriate in patients at higher risk of toxicity.

Dose increases should be monitored by FBC, creatinine/calculated GFR, ALT and/or AST and albumin every 2 weeks until on stable dose for 6 weeks then revert to previous schedule.

Standard monitoring schedule (as above) for sulfasalazine is 12 months then no routine monitoring needed.

Interruption of Treatment:
Contact rheumatology team urgently and withhold treatment if any of the following develop:
white cell count <3.5 x 10^9/l; mean cell volume >105 Fl and if B12 or folate low start supplementation; neutrophils <1.6 x 10^9/l;
creatinine increase >30% over 12 months and/or calculated GFR <60 ml/min; unexplained eosinophilia >0.5 x10^9/l;
ALT and/or AST >100 U/l; platelet count <140 x 10^9/l; unexplained reduction in albumin <30 g/l.

During a serious infection, sulfasalazine should be temporarily discontinued until the patient has recovered from the infection.

As well as responding to absolute values in laboratory tests, it is also relevant to observe trends in results (e.g. gradual decreases in white blood cells or albumin, or increasing liver enzymes).

Investigate nausea/dizziness/headache. If possible continue, may have to reduce dose or stop if symptoms severe
-*Abnormal bruising or sore throat:* Withhold until FBC result available.
-*Unexplained acute widespread rash :* Withhold – seek urgent specialist (preferably dermatological) advice
-*Oral ulceration:* Withhold until discussed with specialist. If suspicion of blood dyscrasia then stop treatment immediately and perform blood count.

Combination with any other DMARD will require monthly monitoring.

Ask patient about rash or oral ulceration at each visit.

Cautions: Renal and hepatic impairment, pregnancy
Reproduction studies in rats and rabbits have revealed no evidence of harm to the fetus. Published data regarding use of sulfasalazine in pregnant women have revealed no evidence of teratogenic hazards. If sulfasalazine is used during pregnancy, the possibility of fetal harm appears remote. Oral sulfasalazine inhibits the absorption and metabolism of folic acid and may cause folic acid deficiency. Because the possibility of harm cannot be completely ruled out, sulfasalazine should be used during pregnancy only if clearly needed.
Lactation: Sulfasalazine and sulfapyridine are found in low levels in breast milk. Caution should be used, particularly if breastfeeding premature infants or those deficient in G-6-PD.

Contra-indications: Sulphonamide hypersensitivity. Avoid taking grapefruit and orange juice at same time of taking medication.
Sulfasalazine is contraindicated in: Patients with a known hypersensitivity to sulfasalazine, its metabolites or any of the excipients as well as sulfonamides or salicylates. Patients with porphyria.

Side effects: **Common Nausea**, Rash, Headache, Anorexia, Discolouration of urine/tears
Less common Leucopenia, usually within first six months of treatment, Abnormal LFTs, Photosensitivity, Mouth ulcers, Fever, Reversible oligospermia. [See SPC for further details]

Sulfasalazine does not have black triangle (▼) status. All serious suspected adverse reactions (even well recognised or causal link uncertain) should be reported to the MHRA.

Drug interactions (see also above under cautions): Reduced absorption of digoxin, resulting in non-therapeutic serum levels, has been reported when used concomitantly with oral sulfasalazine.
Sulfonamides bear certain chemical similarities to some oral hypoglycemic agents. Hypoglycemia has occurred in patients receiving sulfonamides. Patients receiving sulfasalazine and hypoglycemic agents should be closely monitored.
Due to inhibition of thiopurine methyltransferase by sulfasalazine, bone marrow suppression and leucopenia have been reported when the thiopurine 6-mercaptopurine or its prodrug, azathioprine, and oral sulfasalazine were used concomitantly.
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Co-administration of oral sulfasalazine and methotrexate to rheumatoid arthritis patients did not alter the pharmacokinetic disposition of the drugs. However, an increased incidence of gastrointestinal adverse events, especially nausea, was reported.

See Appendix in BNF for further clarification of drug interactions.

Cost: At current prices one year's treatment will cost £88.38 at 1g twice daily (Prescription Pricing Division (PPD).
NHS Business Services Authority. Drug Tariff March 2018. Accessed 6.3.18 via www.nhsbsa.nhs.uk)

References:

1. Summary of Product Characteristics. Salazopyrin tablets. Last updated 25.2.14. Available via www.medicines.org.uk accessed 14/8/17

2. Ledingham JGullick N, Irving N et al. on behalf of the BSR and BHPR Standards, Guidelines and Audit Working Group; BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs, Rheumatology, Volume 56, Issue 6, 1 June 2017, Pages 865–868. Available at https://academic.oup.com/rheumatology/article/56/6/865/3053478/BSR-and-BHPR-guideline-for-the-prescription-and