

# Azathioprine or Mercaptopurine for Inflammatory Bowel Disease

ESCA: For the treatment of inflammatory bowel disease refractory to 5ASA treatment and/or steroid dependent

## AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of azathioprine or mercaptopurine for inflammatory bowel disease refractory to 5ASA treatment and/or steroid dependent can be shared between the specialist and general practitioner (GP). You are **invited** to participate; however, if you do not feel competent to undertake this role, then you are 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.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care will be explained to the patient by the specialist initiating treatment. It is important that patients are consulted about treatment and are in agreement with it. Patients with inflammatory bowel disease refractory to 5ASA treatment and/or steroid dependent are usually under regular specialist follow-up, which provides an opportunity to discuss drug therapy.

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

### RESPONSIBILITIES and ROLES

Specialist responsibilities
1. Confirm the diagnosis of inflammatory bowel disease.
2. Discuss the potential benefits, treatment side effects, and possible drug interactions with the patient
3. Ask the GP whether he or she is willing to participate in shared care before initiating therapy so that appropriate follow on prescribing arrangements can be made.
4. Do baseline monitoring prior to initiation of azathioprine or mercaptopurine.
5. Initiate treatment and stabilise dose of azathioprine or mercaptopurine.
6. Review the patient's condition and monitor response to treatment regularly.
7. A written summary to be sent promptly to the GP i.e. within 10 working days of a hospital outpatient review or inpatient stay.
8. Report serious adverse events to the MHRA.
9. Ensure clear backup arrangements exist for GPs, for advice and support (please complete details below).

General Practitioner responsibilities					
1. Reply to the request for shared care as soon as practicable i.e. within 10 working days.					
2. Prescribe azathioprine or mercaptopurine at the dose recommended.					
3. In the patient's notes, using the appropriate Read Code listed below, denote that the patient is receiving treatment under a shared care agreement.					
GP Prescribing System	Read Code	Description	GP Prescribing System	Read Code	Description
EMIS and Vision	8BM5.00	Shared care prescribing	SystemOne	XaB58	Shared care
4. Monitor patient's response to treatment; make dosage adjustments if agreed with specialist					
5. Report to and seek advice from the specialist or clinical nurse specialist on any aspect of patient care that is of concern to the GP, patient or carer and may affect treatment.					
6. Refer back to specialist if condition deteriorates.					
7. Report serious adverse events to specialist and MHRA.					
8. Stop treatment on advice of specialist.					

Patient's role
1. Report to the specialist, clinical nurse specialist or GP if he or she does not have a clear understanding of the treatment
2. Share any concerns in relation to treatment with azathioprine or mercaptopurine with the specialist, clinical nurse specialist or GP
3. Report any adverse effects to the specialist or GP whilst taking azathioprine or mercaptopurine
4. Attend regular outpatient appointments with the specialist

### BACK-UP ADVICE AND SUPPORT

Trust	Contact details	Telephone No.	Email address:
	Consultant:-		
	Specialist Nurse		

## SUPPORTING INFORMATION

	Azathioprine	Mercaptopurine
<b>Indication</b>	Inflammatory bowel disease	
<b>Dosage and Administration</b>	2-2.5 mg/kg per day in 1 or 2 doses (BSG recommendation)	1.5 mg/kg/day in 1 or 2 doses (BSG recommendation)
<b>Renal Impairment</b>	In patients with renal insufficiency, dosages should be given at the lower end of the normal range.	Consideration should be given to reducing the dosage in patients with impaired renal function.
<b>Hepatic impairment</b>	In patients with hepatic insufficiency, dosages should be given at the lower end of the normal range.	Consideration should be given to reducing the dosage in patients with impaired hepatic function.
<b>Contra-indications / Special precautions</b>	<a href="#">Refer to SPC</a>	<a href="#">Refer to SPC</a>
<b>Side effects</b>	<a href="#">Refer to SPC</a>	<a href="#">Refer to SPC</a>
<b>Drug Interactions</b>	<a href="#">Refer to SPC</a>	<a href="#">Refer to SPC</a>
	<b>Pre-treatment Assessment</b>	Full Blood Count, Urea and Electrolytes, Liver Function Tests TPMT level checked and results must be back before treatment commences.
	<b>After commencing treatment</b>	FBC, LFT every 2 weeks for first 8 weeks, every month for 3 months and thereafter every 3 months.
	<b>Cessation of Treatment</b>	Platelets <120,000 White Blood Cells <3.5, Neutrophils < 2.0 LFTs twice the upper limit of normal (AST or ALP)
	<b>Dose reduction</b>	If WBC <4.0, Neutrophils <2.5 Halve dose Reduce dose if patient suffering from nausea, rash or recurrent infections
	If there is an isolated rise in MCV- investigate other causes (B12, folate, TFTs or alcohol consumption). An isolated high MCV is not an indication to stop treatment.	

Please note the information included in this document is correct at the time of writing. The manufacturer's Summary of Product Characteristics (SPC) and the most current edition of the British National Formulary should be consulted for up to date and more detailed prescribing information.

**References**

[SmPC Mercaptopurine](#)

[SmPC Imuran®](#)

[British Society of Gastroenterology - Guidelines for the management of inflammatory bowel disease in adults \(2019\)](#)

I agree to participate in this shared care agreement for the treatment of the below named patient with azathioprine or mercaptopurine for inflammatory bowel disease refractory to 5ASA treatment and/or steroid dependent

*General Practitioner*

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*Hospital Specialist/Consultant*

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient's name	Date of birth	Sex	Home Address	Hospital Number
				NHS Number

Please keep a copy of this agreement for your own records and forward the original to the above named Consultant at: