Sussex MSK Partnership

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Brighton and Hove Clinical Commissioning Group
Crawley Clinical Commissioning Group
Horsham and Mid Sussex Clinical Commissioning Group
High Weald Lewes Havens Clinical Commissioning Group

OPT-OUT SHARED CARE GUIDELINE

It is assumed that shared care **will** be accepted unless the specialist is informed otherwise within 28 days of receipt of the request at the end of this document.

MEDICATION NAME: **Sulfasalazine Enteric Coated (EC) Tablets**
INDICATIONS COVERED: Rheumatoid Arthritis and other chronic inflammatory conditions in adults

NHS Brighton and Hove CCG, Crawley CCG and Horsham and Mid-Sussex CCG
Traffic Light System Classification: Amber

NOTES to the general practitioner (GP) or primary care prescriber

For medicines which require specialist initiation and/or dose titration and specific ongoing monitoring. For initiation, dose stabilisation and prescribing (including monitoring) by a specialist until the patient is stabilised (usually for 3 months) after which the GP may be asked to work under shared care through the use of approved shared care guidelines.
The expectation is that these guidelines should provide sufficient information to enable GPs or primary care prescribers to be confident to take clinical and legal responsibility for prescribing these medicines.

The questions below will help you confirm this:

- Is the patient currently under your care (e.g. shared care should not be agreed if the patient is currently in intermediate care following hospital discharge)?
- Do you have the relevant knowledge, skills and access to equipment to allow you to monitor treatment as indicated in this shared care guideline?
- Have you been provided with relevant clinical details including monitoring data?

If you can answer YES to all these questions (after reading this shared care guideline), then it is appropriate for you to accept prescribing responsibility. It is assumed that shared care will be accepted unless the specialist is informed otherwise within 28 days of receipt of this request.

If the answer is NO to any of these questions, you should not accept prescribing responsibility. You should inform the consultant or specialist within 28 days, outlining your reasons for NOT prescribing. If you do not have the confidence to prescribe, we suggest you discuss this with your local Trust or specialist service, who will be willing to provide training and support. If you still lack the confidence to accept clinical responsibility, you still have the right to decline. Your CCG medicines management pharmacist will assist you in making decisions about shared care if you are unsure.

Prescribing unlicensed medicines or medicines outside the recommendations of their marketing authorisation alters (and probably increases) the prescriber's professional responsibility and potential liability. The prescriber should be able to justify and feel competent in using such medicines.

The GP or primary care prescriber has the right to refuse to agree to shared care, in such an event the total clinical responsibility will remain with the consultant or specialist.

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Approved by (Specialist or Consultant): Dr Kelsey Jordan on behalf of SMSKP Rheumatology consultants		
Approved by (Chief Trust Pharmacist): Iben Altman Chief Pharmacist SCFT		
Approved by (CCG Medicines Management Pharmacist): Via APC		
Approved by Brighton and Hove and HWLH CCG on: 27/2/2018		
Approved by Crawley CCG, Horsham and Mid-Sussex CCG on: 27/3/2018		

Information

This information sheet does not replace the Summary of Product Characteristics (SmPC), which should be read in conjunction with this guidance. Prescribers should also refer to the appropriate paragraph in the current edition of the BNF.

1. **Link to the relevant SMPC website**: http://www.medicines.org.uk/emc/ .

2. **Background to use for the indication(s), including licence status:**

   Sulfasalazine EC (enteric coated) tablet is a disease modifying anti-rheumatic drug (DMARD). It has a marketing authorisation for the treatment of rheumatoid arthritis. Unlicensed indications include ankylosing spondylitis, psoriatic arthritis and spondyloarthropathy. A significant body of evidence exists for its use in the other indications outlined.

3. **Dose & administration:**

   WEEK 1: 500mg each morning.
   WEEK 2: 500mg each morning and 500mg each evening.
   WEEK 3: 1g each morning and 500mg each evening.
   WEEK 4: 1g each morning and 1g each evening.
   Thereafter continue with 1g twice a day.
   Occasionally doses of up to 3g per day may be prescribed.
   It may be between 6 to 12 weeks before a marked effect is seen.

4. **Cautions:**

This list is not exhaustive; refer to the Summary of Product Characteristics (SmPC) or BNF for further guidance.

- Sulfasalazine should not be given to patients with impaired hepatic or renal function or with blood dyscrasias, unless the potential benefit outweighs the risk.
- Patients with severe allergy or bronchial asthma.
- Glucose-6-phosphate dehydrogenase deficiency (G6PD): May cause haemolysis. Seek specialist advice
- Slow–acetylators of the drug: May cause drug-induced lupus-like syndrome. It is not necessary to assess acetylator phenotype.
- May cause oligospermia and infertility in men. Discontinuation of the medication usually reverses these effects within 2 to 3 months.
- There are NO contra-indications to use in pregnancy and lactation[7], discuss with specialist.
    - Doses ≤2 g/day are recommended
    - Folic acid should be prescribed to those wanting to conceive and throughout the pregnancy, particularly those with G6PD deficiency. Folic acid and sulfasalazine should be taken 2-4 hours apart.

5. **Contraindications:**

   - Patients with a known hypersensitivity to sulfasalazine, its metabolites or any of the excipients as well as sulfonamides or salicylates.
   - Patients with porphyria.

This list is not exhaustive; refer to the Summary of Product Characteristics (SmPC) or BNF for further guidance.

6. Side effects:

Side effects include:

- Nausea, diarrhoea, dizziness, headaches and rashes.
- Uncommonly, leucopoenia, anaemia, liver function disturbance, hypersensitivity reactions and oligospermia
- Sulfasalazine can cause a yellow/brown discolouration of urine and contact lenses.

The patient should also be counselled to report immediately with any sore throat, fever, malaise, pallor, purpura, jaundice or unexpected non-specific illness during sulfasalazine treatment, this may indicate myelosuppression, haemolysis or hepatoxicity. Treatment should be stopped immediately while awaiting the results of blood tests.

The enteric coated sulfasalazine should be prescribed to minimise gastric side effects.

Oral sulfasalazine inhibits the absorption and metabolism of folic acid and may cause folic acid deficiency, potentially resulting in serious blood disorders (e.g. macrocytosis and pancytopenia), this can be normalised by administration of folic acid. Concurrent folic acid should be administered at a different time of day to sulfasalazine.

This list is not exhaustive; refer to the Summary of Product Characteristics (SMPC) or BNF for further guidance.

7. Notable Drug Interactions

Prescribers are advised to check the BNF or ask a pharmacist for advice where required. This is not a comprehensive list.
Combination therapy with azathioprine or mercaptopurine may contribute to bone marrow toxicity.
Cardiac glycosides – possibly reduces the absorption of digoxin.

Vaccines

- Live vaccines are not generally a problem with sulfasalazine, if you require further guidance please contact rheumatology team.

8. Criteria for use:

Specialist has initiated and dose stabilised (usually for a minimum 3 months).
GP or Primary Care Prescriber confident to take clinical and legal responsibility for prescribing this medication.

9. Any further information (e.g. supporting therapies):

Sulfasalazine is split by intestinal bacteria to sulfapyridine and 5-aminosalicylate so ADRs to either sulfonamide or salicylate are possible.

Sulfonamides bear some chemical similarities to some oral hypoglycaemic agents. Patients receiving both sulfasalazine and hypoglycaemic agents should be closely monitored, hypoglycaemia has occurred with co-administration.

Concomitant administration of sulfasalazine and methotrexate to rheumatoid arthritis patients does not alter the pharmacokinetic disposition of the drugs; however, an increased incidence of gastrointestinal adverse events, especially nausea is possible. Oral sulfasalazine inhibits the absorption and

metabolism of folic acid and may cause folic acid deficiency, which can be normalised by administration of folic acid.

10. References:

1. Guidelines for the management of inflammatory bowel disease in adults. Mowat C, et al. Gut (2011).

2. BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs. 2017 Jo Ledingham et al. http://www.rheumatology.org.uk/includes/documents/cm_docs/2017/f/full_guideline_dmards.pdf (accessed 9/3/17)

3. Immunisation of individuals with underlying medical conditions https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/566853/Green_Book_Chapter7.pdf (accessed 09/03/2017)

4. Handbook of systemic drug treatment in dermatology 2nd edition (2015) S Wakelin et al British Society for Rheumatology, Immunisation against shingles in people with inflammatory rheumatic disease. Available at http://www.rheumatology.org.uk/includes/documents/cm_docs/2013/i/immunisation_with_zostavax_for_people_with_inflammatory_rheumatic_disease.pdf (accessed 13/3/17).

5. Summary of Product Characteristics. Available at: http://www.medicines.org.uk/emc/ (accessed 13/8/17).

6. UKMI. *Suggestions for Drug Monitoring in Adults in Primary Care.* February 2014. Available at http://www.medicinesresources.nhs.uk/upload/documents/Evidence/Drug%20monitoring%20document%20Feb%202014.pdf (accessed 13/8/17)

7. BSR and BHPR guideline on prescribing drugs in pregnancy and breastfeeding British Society for Rheumatology18 January 2016 https://www.guidelines.co.uk/musculoskeletal-and-joints-/bsr-and-bhpr-guideline-on-prescribing-drugs-in-pregnancy-and-breastfeeding/252703.article (accessed 14/11/2017)

RESPONSIBILITIES and ROLES

Consultant or specialist responsibilities
• Confirm diagnosis and indication for treatment with enteric coated sulfasalazine. • To discuss fully the aims, benefits, risks and side effects of treatment and a treatment plan with the patient and/or carer and written information to be supplied to the patient and/or carer. • Prior to treatment ask GP whether patient has had pneumococcal vaccination and flu vaccination and, if not, immunise (unless contra-indicated). • Inform GP when initiating treatment so the GP is aware what is being prescribed and can add to GP clinical record. • Undertake baseline monitoring as required (specific to the medication). • Record other medications and address potential medicine interactions before starting therapy. • Discuss the potential implications of pregnancy and breastfeeding in women of child bearing potential and agree a strategy. • To initiate treatment by prescribing and monitoring usually for a minimum of 3 months. • Undertake monitoring if dose changed. • Monitor and prescribe according to guidelines until handover is appropriate (including when dose changes are made). • Discuss the possibility of shared care with the patient and/or carer and ensure that they understand the plan for their subsequent treatment. • Supply GP with a summary of the patient's review (including anticipated length of treatment) and a link to, or a copy of, the shared care guideline when requesting transfer of prescribing to GP or primary care prescribers. • Advise GP if treatment dose changes or treatment is discontinued. • Inform GP if patient does not attend planned follow-up.

GP or primary care prescriber responsibilities
• Continue prescribing at the dose recommended and undertake monitoring requirements. • Undertake all relevant monitoring as outlined in the monitoring requirements section below, and take appropriate action as set out in this shared care guideline. • Monitor for adverse effects throughout treatment and check for medicine interactions on initiating new treatments. • Add information about the medicine to the patient record, initially as "hospital prescribed", and highlight the importance that this medicine is only to be prescribed under a shared care guideline in primary care. • Report any adverse events to the MHRA and specialist team. • Refer patient back to the Consultant/Specialist if any concerns. • Provide patient with pneumococcal polysaccharide vaccine and flu vaccination unless contra-indicated. • Ensure that if care of the patient is transferred to another prescriber, that the new prescriber is made aware of the shared care guideline (e.g. ensuring the patient record is correct in the event of a patient moving surgery).

Patient and/or carer role
• Make sure that you understand the treatment and ask for more information, if needed. • Share any concerns in relation to treatment with whoever is prescribing this medicine for you. • Tell the prescriber of this medication about any other medication being taken, including over-the-counter products. • Read the patient information leaflet included with your medication and report any side effects or concerns you have to whoever is prescribing this medicine for you. • Report immediately any signs or symptoms of bone marrow suppression e.g. infection or inexplicable bruising or bleeding. • Attend any follow up appointments with the consultant or specialist.

Monitoring Requirements

Monitoring schedule[2]

Test	Frequency	Duration
FBC Creatinine/ calculated GFR ALT and / or AST Albumin	Every 2 weeks	For first six weeks and until on stable dose for 6 weeks
	3 monthly	For the remainder of the first year
	6-12 monthly*	To continue

*Depending on the individual patient and concurrent medications.

Contact specialist team urgently and consider interruption in treatment if any of the following develop:

White Cell Count <3.5x10^9/l	Mean cell volume >105 f/l
Neutrophils <1.6 x10^9/l	Creatinine increase >30% over 12 months and/or calculated GFR <60ml/min/1.73m^2
Unexplained eosinophilia >0.5 x 10^9/l	ALT and/or AST >100 U/l
Platelet count <140 x10^9/l	Unexplained reduction in albumin <30 g/l

Whilst absolute values are useful indicators, trends are equally important, and any rapid fall or consistent downward trend in any parameter warrants extra vigilance.

This list is not exhaustive; refer to the Summary of Product Characteristics (SMPC) or BNF for further guidance.

Other Warning Signs

- Steady decline in WBC or platelets even if within normal values: Withhold treatment and discuss with specialist service
- Abnormal bruising or bleeding, severe sore throat or mouth ulcers rash or itch, jaundice: Check FBC & LFTs and withhold treatment until results available

This list is not exhaustive; refer to the Summary of Product Characteristics (SMPC) or BNF for further guidance.

SHARED CARE GUIDELINE

MEDICATION NAME: Sulfasalazine enteric coated tablets

INDICATION:

DATE OF REQUEST:

Agreement to transfer prescribing to general practice or primary care prescriber:

Patient details:

Name:
Address:
DoB:
NHS No:
Hospital No:

Medication name, form and strength:

The following tests and investigations have been carried out:

Date treatment initiated:

At the last patient review the medication appeared to be effectively controlling symptoms or providing benefit:
Yes/No

The patients has now been stabilised on a dose of:

The patient has been given written information about their medication:
Yes/No

The patient understands that this medication is being prescribed under a shared care agreement between their GP and specialist and that they have responsibilities under the agreement to ensure they attend their GP to be regularly monitored.
Yes/No

The patient has been informed that the GP can opt-out of taking on prescribing responsibility if they do not feel clinically able to prescribe or if the patient persistently does not attend for monitoring:
Yes/No

Date of next clinic appointment:

If the practice declines shared care, then the named consultant or specialist should be informed within 28 days of receipt of this request. Forms used to decline prescribing can be found here:

Brighton and Hove CCG:
http://www.gp.brightonandhoveccg.nhs.uk/prescribing/joint-formulary-supporting-information
Crawley CCG, Horsham and Mid Sussex CCG:
http://www.horshamandmidsussexccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=415216

BACK-UP ADVICE AND SUPPORT

	Name and position	Telephone	Email
Specialist or Consultant			
Alternative specialist (e.g. departmental contact)			
Specialist pharmacist			

Out of hours (e.g. medical team on call)			

Link to full SCG: http://