South West Yorkshire Area Prescribing Committee

Mercaptopurine Shared Care Guideline

Introduction	
General statements	• The patient will receive supplies of the drug from the hospital until the transfer of shared care is agreed between consultant and the primary care prescriber. • The primary care prescriber must reply in writing to the request for shared care within two weeks if unwilling to participate. • The responsibility for prescribing and monitoring must be documented clearly in the patient's hospital and general practice notes • Shared care should only be considered when the patient's clinical condition is stable or predictable
Indication	Inflammatory Bowel Disease: unresponsive and frequently relapsing cases of Crohn's Disease and Ulcerative Colitis. Auto-immune hepatitis. (**Unlicensed indications)**

Individual's Responsibilities	
Hospital specialist's responsibilities	• Document in the patient's medical notes and advise the primary care prescriber that you have reached agreement with the patient on the use of this medicine and that an appropriately licensed medicine would not meet the patient's needs. • Baseline monitoring and initial prescribing until the patient is established on treatment (minimum of 8 weeks). Patient is only transferred to primary care prescriber once stabilised. • Baseline monitoring includes - FBC, U&E, creatinine, LFT, TPMT assay (homozygous deficiency associated with serious toxicity risk). • Monitoring disease progression and treatment response • Supporting and advising primary care prescribers • Give patient information leaflet
Primary care prescriber's responsibilities	• Ensure hospital is notified if unwilling to undertake monitoring when requested • Prescribing following written request from specialist care • Ensure monitoring is undertaken according to shared care guideline and only continue prescribing if patient is compliant with monitoring, blood test results are satisfactory, and no adverse or unwanted side effects.* • Follow guidance in the event of reaction or abnormality • Encourage influenza and pneumococcal vaccination
Monitoring required	**Baseline** - FBC, U&E, creatinine, LFT, TPMT assay (homozygous deficiency associated with serious toxicity risk) Repeat FBC, LFT fortnightly for 8 weeks, then monthly for 4 months, then quarterly; U&E and creatinine 6-monthly
When and how to discontinue treatment	Loss of efficacy, intolerable or serious side effects, abnormal blood monitoring – please see overleaf for detailed guidance as regards reducing dose or stopping treatment.*
Information given to the patient	Hospital specialist to explain off-label use when seeking agreement from the patient for the use of this medicine. Patient information leaflet.

	Patients should be warned to report any unexplained bleeding, bruising, purpura, sore throat or fever.
Contact details	Documented in letter from specialist care to primary care prescriber.

Product Information

The information in this Shared Care Guideline should be used in conjunction with the latest edition of the BNF and Summary of Product Characteristics

Dosage and administration	The usual dosage is **1 - 1.5mg/kg/day** taken as a **single daily dose** or in **2-3 divided doses** and should be adjusted within these limits. Remember mercaptopurine tablets are 50mg & scored. Dose is dependent on the clinical response and haematological tolerance. Therefore some patients may respond to lower doses. Consideration should be given to reducing the dosage in patients with impaired renal/hepatic function.
Serious adverse effects	Hypersensitivity reactions including malaise, fever, vomiting, diarrhoea, rash & interstitial nephritis. Pancreatitis. Bone marrow toxicity (anaemia, leukopaenia, thrombocytopaenia) - patients should be advised to report unexplained bruising, bleeding, or severe sore throat. Alopecia. Increased risk of some cancers (skin and haematological). Opportunistic infections (potentially fatal if associated with neutropenia) Refer to the current BNF and www.medicines.org.uk/emc/ for complete and up to date information.
Precautions and contra-indications	Refer to the current BNF and www.medicines.org.uk/emc/ for complete and up to date information. Precautions – pregnancy considered relatively safe and benefit of continuing treatment may outweigh risk.
Clinically relevant drug Interactions and their management	**Allopurinol** blocks mercaptopurine metabolism. Concomitant administration of allopurinol and mercaptopurine may result in fatal toxicity: reduce mercaptopurine dose to one quarter (25%) of usual dose. **Warfarin** – anticoagulant effect reduced by mercaptopurine **Aminosalicylates** (sulfasalazine, mesalazine, olsalazine, etc.) and **co-trimoxazole** may enhance bone marrow toxicity **Live vaccines are contra-indicated** However flu vaccines and Pneumovax are safe and recommended. This is not a comprehensive list, please refer to the current BNF and www.medicines.org.uk/emc/ for complete and up to date information.

Recommended action for abnormal results

Investigation	Action
WBC <3.5 x10^9/L Neutrophils < 2 x10^9/L Platelets < 150 x10^9/L	WBC 2.5-3.5 reduce dose WBC <2.5 stop and contact appropriate specialty department immediately by phone or email*.
Hb fall >1g in 4 weeks or below 10g	Check for increased disease activity Ask about NSAID use and symptoms of GI blood loss or dyspepsia and stop NSAIDS if implicated. Check MCV and iron studies

	Consider endoscopy
Deranged liver function tests (ALT) ALT < 3x upper limit of lab reference range	Repeat bloods every 2 weeks Ask patient about viral/bacterial infections Check that it is not due to another drug or alcohol Consider dose reduction
ALT > 3x upper limit of lab reference range	Stop and contact appropriate specialty department immediately by phone or email*
MCV above 105 fL	Check TFT, B12 and folate, alcohol history

Recommended action for adverse effects

Adverse Event	Action
Hypersensitivity, pancreatitis	Stop treatment and contact appropriate specialty department immediately by phone or email*
Bruising, bleeding	Check FBC, clotting screen, LFTs, alcohol history
Malaise, flu-like symptoms	Contact specialist.
Itching	Check for other causes, reduce dose and review
Rash	Check for other causes: complications of disease, vasculitis, steroid effects, etc. Mild – reduce dose Severe – stop*
Alopecia	Reduce dose, stop if severe*
Oral ulcers, stomatitis	Check WBC Check for candida & treat accordingly Mild - mouthwash and good dental hygiene Severe – stop*
Diarrhoea	Check for other causes Mild -treat symptomatically and/or reduce dose if persistent. Stop if severe*

***If the decision is made in primary care to stop treatment with mercaptopurine please contact the relevant department immediately to let the patient's specialist team know that disease-modifying treatment has been stopped.**