

EFFECTIVE SHARED CARE AGREEMENT OF MERCAPTOPYRINE FOR THE TREATMENT OF INFLAMMATORY BOWEL DISEASE (UNLICENSED INDICATION)

RESPONSIBILITIES and ROLES

Specialist responsibilities	
1	Assess TPMT function, if this is very low or absent mercaptopurine should not be prescribed
2	Discuss the benefits and side effects of treatment with the patient.
3	Check for possible drug interactions with mercaptopurine and the patient's regular medication. Avoid prescribing interacting drugs e.g. allopurinol, clozapine, ribavirin
4	Assess likelihood of compliance.
5	Ensure patient is given sufficient information about their treatment.
6	Perform all baseline tests (including FBC, U&Es and LFTs).
7	Initiate and stabilise treatment with mercaptopurine. Stabilisation will usually take ~3 months.
8	Supply medication until care is transferred to GP.
9	Ask the GP whether he or she is willing to participate in shared care and explain the intention to share care with patient/carer and obtain consent.
10	Monitor appropriately as stated on the monitoring requirement and record this information in the IBD registry.
11	Inform GP of the dose to be prescribed, any changes in dose, when to stop treatment and when to refer the patient back to specialist.
12	Periodically review the patient's condition and communicate promptly with the GP when treatment is changed.
13	Monitor for side effects and report adverse events to the MHRA and GP where appropriate.
14	Inform GP if patient does not attend specialist appointments and action to be taken.
15	Have a mechanism in place to receive rapid referral of a patient from the GP in event of deteriorating clinical condition.
16	Ensure that clear backup arrangements exist for GPs to obtain advice and support.
17	Advise the GP when the patient should receive the pneumococcal vaccine.
General Practitioner responsibilities	
1	Reply to the request for shared care as soon as possible.
2	Prescribe mercaptopurine at the dose recommended once patient is established on treatment.
3	Ensure compatibility with other concomitant medication.
4	Adjust the dose as advised by the specialist.
5	Contact with the specialist if you suspect the patient is not complying with their medication.
6	Check for possible drug interaction when prescribing new medication and avoid prescribing interacting drugs.
7	Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises.
8	Refer the patient to the specialist if his/her condition deteriorates.
9	Report any suspected adverse events to specialist team and any severe adverse events to MHRA.
10	Recommend the patient receives an influenza vaccine yearly and pneumococcal vaccine as required.
Patient's / Carer's role	
1	Report to the specialist or GP if he / she does not have a clear understanding of the treatment.
2	Take mercaptopurine as recommended by specialist.
3	Request repeat prescriptions from the GP at least 5 days before the next supply is needed.
4	Attend scheduled appointments with specialist, GP and for monitoring.
5	Share any concerns in relation to treatment with GP or specialist.
6	Inform specialist or GP of any other medication being taken, including over-the-counter products
7	Do not take any herbal remedies without checking with the specialist.
8	Alert physician prior to any vaccine administration that you are taking mercaptopurine e.g. yellow fever is contraindicated
9	Inform specialist or GP if you feel you are having problems taking your medication or have stopped taking it.
10	Ensure that you receive the influenza vaccine annually from your GP.
11	Take adequate precautions to avoid exposure to ultraviolet light i.e. wear sunscreen / protective clothing and all women should attend regular cervical smear screening.
12	Report any adverse effects to the specialist or GP.
13	Because of the mutagenic nature of mercaptopurine any unused/out of date mercaptopurine should be disposed of in the correct way by returning this to a pharmacy

SUPPORTING INFORMATION EFFECTIVE SHARED CARE AGREEMENT

Information on therapeutic indication, dosage, method of administration, side effects and management considerations in special populations can be found in the Summary of Product Characteristics for mercaptopurine available from www.medicines.org.uk

Monitoring	Full blood count	LFTs	U&Es	Inflammatory markers (CRP/ESR)	GP or Consultant
Baseline	✓	✓	✓	✓	Consultant
Weekly for 6 weeks	✓	✓		✓	Consultant
Monthly for three months	✓	✓			Consultant
Three monthly after 18 weeks (ongoing)	✓	✓			Consultant
Annually			✓	✓	Consultant

Monitoring requirements

N.B if there is a dosage increase the monitoring should revert to weekly until the results are stabilised.

Primary Care Costs

Product	Pack size	Cost per OP*
Mercaptopurine 50mg tablets (Aspen Pharma Trading Ltd)	25 tablets	£54.27

*Cost from online December 2015 Drug Tariff

BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.	E mail
IBD Nurse Specialist prescribers: Annette Rowlinson Stephanie Bourne IBD telephone monitoring clinic	01782 675360 01782 671154 01782 675360	Annette.Rowlinson@uhns.nhs.uk Stephanie.Bourne2@uhns.nhs.uk
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