

## EFFECTIVE SHARED CARE AGREEMENT OF SULFASALAZINE PLAIN AND ENTERIC COATED (EC) FOR THE TREATMENT OF ULCERATIVE COLITIS / CROHN'S DISEASE & AUTOIMMUNE RHEUMATIC DISEASES (EC only)

### RESPONSIBILITIES and ROLES

Specialist clinicians responsibilities	
1	Discuss the benefits and side effects of treatment with the patient.
2	Check for possible drug interactions with sulfasalazine and patient's regular medication. Avoid prescribing interacting drugs.
3	Assess likelihood of compliance.
4	Ensure patient is given sufficient information about their treatment.
5	Perform all baseline tests (including FBC, U&Es and LFTs).
6	Initiate and stabilise treatment with sulfasalazine. Stabilisation will usually take 7 weeks.
7	Supply medication until care is transferred to GP.
8	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.
9	Monitors appropriately as stated on the monitoring requirements.
10	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 clinician.
11	Ensure GP has access to blood results for information.
12	Monitor for side effects and report adverse events to the MHRA and GP where appropriate.
13	Inform GP if patient does not attend specialist clinician appointments and action to be taken.
14	Have a mechanism in place to receive rapid referral of a patient from the GP in event of deteriorating clinical condition.
15	Ensure that clear backup arrangements exist for GPs to obtain advice and support.
General Practitioner responsibilities	
1	Reply to the request for shared care as soon as possible.
2	Prescribe sulfasalazine at the dose recommended once patient is established on treatment.
3	Ensure that sulfasalazine EN formulation is prescribed for patients with inflammatory arthritis
4	Ensure compatibility with other concomitant medication.
5	Adjust the dose as advised by the specialist clinician.
6	Contact the specialist clinician if you suspect the patient is not complying with their medication.
7	Check for possible drug interaction when prescribing new medication and avoid prescribing interacting drugs.
8	Stop treatment on the advice of the specialist clinician or immediately if an urgent need to stop treatment arises.
9	Refer the patient to the specialist clinician if his/her condition deteriorates.
10	Report any suspected adverse events to specialist team and any severe adverse events to MHRA.
11.	Prescribe folic acid 5mg daily during pregnancy if continuing on sulfasalazine EN for rheumatology indications
Patient's / Carer's role	
1	Take sulfasalazine as recommended by specialist clinician.
2	Report to the specialist clinician or GP if he / she does not have a clear understanding of the treatment.
3	Request repeat prescriptions from the GP at least 5 days before the next supply is needed.
4	Attend scheduled appointments with specialist clinician, GP and for monitoring.
5	Share any concerns in relation to treatment with GP or specialist clinician.
6	Inform specialist clinician or GP of any other medication being taken, including over-the-counter products
7	Inform specialist clinician or GP if you feel you are having problems taking your medication or have stopped taking it.

- 8 While you are taking the sulfasalazine, if you are concerned that any of the possible side effects you were counselled about have occurred, report these quickly to the specialist clinician or GP.

## 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 sulfasalazine available from [www.medicines.org.uk](http://www.medicines.org.uk)

### Indications

Licensed: Ulcerative colitis, Crohn's disease, Rheumatoid arthritis (Sulfasalazine EC only)

Unlicensed: Spondylo-arthropathies including psoriatic arthritis

### Monitoring requirements

Monitoring Interval	Full blood count	LFTs	U&Es	Albumin	GP or Specialist Clinician
Baseline	✓	✓	✓	✓	Specialist Clinician
Every 2 weeks during dose titration & for 6 weeks at stable dose	✓	✓	✓	✓	Specialist Clinician
Then every month for 3 months	✓	✓	✓	✓	Specialist Clinician
Then every 3 months for 9 months	✓	✓	✓	✓	Specialist Clinician
After 12 months on stable dose	Thereafter, monitoring should be performed as clinically indicated				Specialist Clinician

### Additional information which cannot be found in the SPC

Reference for monitoring for rheumatology indications - [BSR and BHPR guideline for the prescription and monitoring of non- biologic disease-modifying anti-rheumatic drugs 2017 Rheumatology 56:865-868](#)

### BACK-UP ADVICE AND SUPPORT

#### Rheumatology team (MPFT)

Contact details	Telephone No.
Helpline:	01782 673687 or <a href="mailto:Haywoodrheumatology.ESCA@nhs.net">Haywoodrheumatology.ESCA@nhs.net</a>
For urgent advice ask for Rheumatology consultant or SpR on-call	01782 715444
Pharmacy:	01782 673767

**BACK-UP ADVICE AND SUPPORT**  
**Crohn's disease and Ulcerative Colitis Team (UHNM)**

Contact details	Telephone No.	E mail address
<b>For urgent enquiries</b>	01782 715444 (UHNM switchboard) and ask switchboard to page Duty IBD clinical nurse specialist (CNS)	
<b>Duty IBD Clinical Nurse Specialist</b>	01782 675 360	<a href="mailto:ibd.nursingteam@nhs.net">ibd.nursingteam@nhs.net</a>
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