NHS
Telford and Wrekin
Clinical Commissioning Group

Penicillamine
Effective Shared Care Agreement
For use in Rheumatology

Section 1: Shared Care arrangements and responsibilities

Section 1.1 Agreement to transfer of prescribing of penicillamine to GP

Patient details

Name: _____

Address: _____

Date of Birth: _____

NHS number: _____

Contact details
Specialist:
Address:

Email:

Contact number:

GP

Address:

Email:

Contact number:

Patient

Name:

Contact number:

Agreement to shared care, to be signed by GP and Specialist before prescribing is transferred to GP

Specialist Signature: _____

Date: _____

GP Signature: _____

Date: _____

Patient Signature: _____

Date: _____

Section 1.2: Shared Care responsibilities

This shared care agreement outlines suggested ways in which the prescribing responsibilities can be shared between the specialist and GP. GPs are invited to participate. If the GP feels that undertaking the roles outlined in the shared care agreement is outside their area of expertise or has clinical concerns about the safe management of the drug in primary care, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient's health remains with the specialist. If a specialist asks the GP to prescribe, the GP should reply to this request as soon as practicable. Sharing of care assumes communication between specialist, GP and patient.

If a specialist asks the GP to prescribe, the GP should reply to this request within 2 weeks

The prescriber of the medication legally assumes clinical responsibility for the drug and the consequences of its use.

Responsibilities of the specialist initiating treatment

- Discuss with the patient options for treatment and the suitability of penicillamine.
- Discuss the potential benefits and side effects of treatment with the patient
- Undertake baseline tests: **FBC including platelets**, **U&Es** including **creatinine**, u**rinary dipstick for protein**.
- Initiate penicillamine treatment.
- Ask the GP whether he or she is willing to participate in shared care, and agree with the GP as to who will discuss the shared care arrangement with the patient. Specialist attaches copy of Shared Care Agreement (SCA) from the trust intranet to printed letter.
- Titrate penicillamine to an effective dose. If both GP and Specialist feel it is appropriate, shared care may be initiated before the patient is stabilised on the effective dose, as long as the dose is stable until the next Specialist appointment.
- Or commence treatment with penicillamine and once patient is on a stable dose between visits, consider transfer of prescribing and monitoring to GP. .
- Ensure agreed signed shared care form has been received back from GP to indicate that the GP is in agreement with prescribing and monitoring.
- Ensure this has been discussed with patient, and that patient has signed SCA form
- Regular follow-up of patient (at least annually)
- Communicate promptly with the GP when treatment is changed
- Advise GP on dosage adjustment and when and how to stop treatment
- Have a mechanism in place to receive rapid referral of a patient from the GP in the event of deteriorating clinical condition and ensure that clear backup arrangements exist for GPs to obtain advice and support
- Report adverse events to the MHRA (via Yellow Card)

Responsibilities of the General Practitioner

- Prescribe penicillamine as recommended
- Arrange and record on-going monitoring as agreed with specialist: Usually **FBC** and **urinalysis** every 2 weeks until dose is stable for 3 months and then monthly thereafter.
- Ask patient about the presence of skin rash or oral ulceration at each visit.
- Ensure no drug interactions with other medicines
- Check patient is using adequate contraception
- Continued prescribing is appropriate for patients attending regular review
- Report adverse events to the MHRA (via Yellow Card)
- Administer influenza vaccine annually unless otherwise advised by the initiating specialist
- Check patient has had ONE DOSE of pneumococcal vaccine (revaccination is not recommended except every five years in patients whose antibody levels are likely to have declined more rapidly e.g. asplenia.) - see BNF or Green Book

- Passive immunisation using Varicella immunoglobulin (VZIG) should be considered in nonimmune patients if exposed to chickenpox or shingles.
- Ask about oral ulceration/sore throat, unexplained rash or unusual bruising at every consultation

Responsibilities of the patient

- To take the prescribed medication regularly unless advised by GP or specialist
- To attend scheduled appointments with specialist and GP and for monitoring as detailed above
- Report any adverse effects to the specialist or GP.
- Share any concerns in relation to treatment.
- Report to the specialist or GP if they do not have a clear understanding of the treatment

Section 2: General Information on penicillamine

Licensed Indication

Rheumatoid arthritis

Dosage and administration

A typical dose regimen may be:- 125mg/day increasing by 125mg every four weeks to 500mg/day. If no response after a further three months increase by 125mg every four weeks to 750mg/day. If no response after a further three months a further increase by 125mg every four weeks to 1g/day may be considered. If no response after three months on the maximum dose, stop treatment.

Contraindications

Hypersensitivity to penicillamine or any of the ingredients.

Agranulocytosis, aplastic anaemia or severe thrombocytopenia due to penicillamine.

Lupus erythematosus.

Moderate or severe renal impairment

Pregnancy: penicillamine should not be administered to patients who are pregnant and therapy should be stopped when pregnancy is confirmed or suspected, unless considered absolutely essential by the specialist

Side effects

Proteinuria/haematuria: Transient mild proteinuria is common. If urinalysis reveals protein ++ or more, or blood ++ or more, perform MSU. If no infection present, request albumin creatinine ratio (in plain sterile bottle) and if >30mg/mmol creatinine discontinue drug and refer to initiating specialist.

Nausea, anorexia, fever and rash- may occur early in therapy especially when full doses are given from the start. Antihistamines, steroid cover or temporary reduction of dose will control urticarial reactions.

Loss/alteration of taste: can occur but occasionally settles spontaneously.

Stomatitis: if persistent or severe refer to specialist

Thrombocytopenia.

Drug Interactions[1]

Iron: decreases absorption of penicillamine (do not give within 2 hours)

Antacids: decreases absorption of penicillamine (do not give within 2 hours)

Zinc: decreases absorption of penicillamine (Do not give within 2-3 hours)

Digoxin: digoxin levels can be reduced by concurrent use of penicillamine

Gold: concomitant use not recommended

Clozapine: Avoid as increased risk of agranulocytosis

[1] BNF 66 September 2013-March 2014