NHS
Shropshire
Clinical Commissioning Group

Essential Shared Care Agreement for Sulfasalazine for gastroenterological indications

This local safety monitoring schedule supports clinicians providing shared care under the Local Enhanced Service for High Risk Drug Monitoring (formerly Near Patient Testing)
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 have 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, 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.

Consultant details	GP details	Patient details
Name:	Name:	Name:
Address:	Address:	NHS Number:
Email:	Email:	Date of birth:
Contact number:	Contact number:	Contact:

Signing indicates agreement with the responsibilities suggested in this document, and that the patient has been informed of the need to report any issues with their treatment to their doctor.

Specialist signature: **Date:**	**General Practitioner signature:** **Date:**

Introduction

Sulfasalazine is an aminosalicylate anti-inflammatory, and is structurally related to both salicylates (e.g. aspirin) and sulphonamides. Sulfasalazine is metabolised to mesalazine and sulfapyridine, the latter of which acts as a carrier to the site of action but is also responsible for the majority of adverse effects of sulfasalazine.[i]

Licensed indication: treatment of mild to moderate and severe ulcerative colitis and maintenance of remission; active Crohn's disease

Adult dosage and administration

A typical dose regimen in **Gastroenterology** may be: 1g to 2g orally four times a day for an acute attack until remission occurs, reducing to a maintenance dose of 500mg four times a day.

Available as:
Sulfasalazine 500mg tablets, enteric coated tablets (Salazopyrin-EN®), suspension 250mg/5ml

Specialist responsibilities

- Discuss with the patient options for treatment and the suitability of sulfasalazine, discussing the potential benefits and side-effects of treatment.
- Provide patient/carer with relevant (preferably written) information on use, side-effects and need for monitoring of medication.
- Varicella Zoster- consider immunisation of non-immune patients before starting immunosuppression (after discussion with appropriate specialist)
- Provide monitoring record booklet

- Arrange pre-treatment baseline investigations[ii] followed by fortnightly monitoring for the first 12 weeks, then monthly for the next 3 months of treatment (arrange with GP):
    - **FBC**
    - **LFT**
    - **U&Es and Creatinine**
- Commence treatment with sulfasalazine
- Review results of safety monitoring and request additional tests as required
- Monitor disease response to treatment and need to continue therapy. Once stable, consider transfer of prescribing and monitoring to GP.
- Provide GP with clear written advice on required dosage and frequency of sulfasalazine, written monitoring guidelines and drug information. Check for interactions with other medicines.
- Continue to review the patient at agreed specified intervals (at least annually), sending a written summary to the GP whenever the patient is reviewed. Contact the GP promptly when treatment is altered.
- Provide any other advice or information for the GP if required
- Report any adverse drug reactions to the MHRA via Yellow Card Scheme

Primary Care responsibilities

- Prescribe sulfasalazine provided the patient is having appropriate regular blood monitoring and monitoring results are within acceptable range.
- Arrange and record ongoing monitoring fortnightly for the first 12 weeks of treatment, monthly for the second 3 months, then 3 monthly thereafter as agreed with initiating specialist:
    - **FBC**
    - **LFTs (including ALT or AST)**
    - **U&Es and creatinine** (at least monthly for the first three months of treatment)[ii]
    - **Repeat FBC and LFT one month after dose increases**
- If stable after 1 year, six monthly tests will suffice for the second year then monitoring of blood toxicity may be discarded if stable.
- **Repeat prescriptions should be removed from the surgery repeats pile and retained separately for prescribers to review prior to signing. A maximum of 28 days' supply is recommended.**
- Ensure no drug interactions with other medicines
- Report any adverse drug reactions to the initiating specialist and the usual bodies (e.g. MHRA)
- Ask about oral ulceration/sore throat, unexplained rash or unusual bruising at every consultation
- Contact the specialist in secondary care as appropriate, seek urgent advice as necessary.
- 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)
- Varicella Zoster: *Non-immune patients* should avoid contact with people with chicken pox or shingles; consider passive immunisation using varicella immunoglobulin (VZIG) if exposure is suspected

Withhold sulfasalazine and contact specialist if:

• WCC	<3.5 x 10^9/L
• Neutrophils	<2 x 10^9/L
• Platelets	<150 x 10^9/L
• AST/ALT/ALP/GGT	>2 times the upper limit of normal
• MCV	>105 fL – check B12, folate and TSH and treat any underlying abnormality if found. If normal, discuss with specialist team
• Oral ulceration/sore throat/abnormal bruising	Check FBC immediately and withhold until results available. Discuss with specialist team, if necessary.
• Unexplained acute widespread rash	Withhold and seek urgent specialist (dermatological) advice
• Nausea/dizziness/headache	If possible, continue. May have to reduce dose or stop if severe.

Please note: a rapidly increasing or decreasing trend in any values should prompt caution and extra vigilance. Some patients may have abnormal baseline values, specialist will advise. Results should be recorded in the patients shared care monitoring booklet, if issued.

Adverse effects, Precautions and Contra-indications

Adverse effects

Rash/stomatitis: withhold and discuss with specialist if severe or persistent.
Nausea/loss of appetite: continue if possible. Slow increase in dose (new patients) and/or anti-emetic medication may resolve symptoms. If persistent, reduce maintenance dose. If symptoms are severe and persistent, discontinue sulfasalazine.
Vertigo/ tinnitus: symptoms may resolve on reduction of the dose.
Yellow discolouration: may colour urine, soft contact lenses or skin, orange/yellow.

Cautions

Pregnancy / Contraception: sulfasalazine should be used with caution in pregnancy and breast feeding. Discuss with initiating specialist. In males sulfasalazine can cause a reversible reduction in sperm count. Folic acid should be prescribed to those trying to conceive and during pregnancy.
Breastfeeding: as sulfasalazine and sulfapyridine are found in breast milk in low levels, the manufacturers advise avoiding breastfeeding whilst taking sulfasalazine
Renal impairment (moderate) may cause significant crystalluria and patients must have high fluid intake. Avoid in severe renal impairment (eGFR under 30 ml/min/1.73m^2)
G6PD: patients with glucose-6-phosphate dehydrogenase deficiency should be closely observed for signs of haemolytic anaemia.
Live Vaccines should be avoided.

Serious blood dyscrasias have been reported, and so haematological investigations should be performed in the event of unexplained bleeding, bruising, purpura, anaemia, fever or sore throat.

Contraindications

- Hypersensitivity to sulfasalazine, sulphonamides, or salicylates
- Acute intermittent porphyria
- Severe renal impairment (see above)

Common Drug Interactions

Concomitant use of nephrotoxic agents such as **NSAIDs** and **azathioprine** may increase the risk of renal reactions.
Azathioprine or **mercaptopurine** given with sulfasalazine may contribute to bone marrow toxicity/risk of leucopenia.
Absorption of **digoxin** and **folate** may be reduced. Review dosage requirement after sulfasalazine introduction

Communication

For any queries relating to this patient's treatment with sulfasalazine, please contact the consultant named at the top of this document.

This information is not inclusive of all prescribing information, potential adverse effects and drug interactions Please refer to full prescribing data in the SPC or the BNF

Adapted with kind permission from work by MG, NHS Telford and Wrekin CCG Medicines Management

[i] British National Formulary, Edition 68, Section 1.5.1 Aminosalicylates. Sulfasalazine
[ii] Salazopyrin Tablets – Summary of Product Characteristics. Available at www.medicines.org.uk/emc/medicine/3344