Western Locality Shared care Information ~ Penicillamine, Rheumatology

April 2013

- Penicillamine
- Treatment of: Rheumatoid arthritis

Specialist: Please complete the Shared Care letter sending a request to GP

GP: Please indicate whether you wish to share patient's care by completing letter and return to specialist

Aim of treatment

Penicillamine is a disease-modifying anti-rheumatic drug. It may take up to 3 months to work or longer if the dose needs adjustment.

Indication: Treatment of adults with severe rheumatoid arthritis.

Specialist responsibilities

1. Decision to prescribe penicillamine.
2. Discuss benefits and side effects of treatment with patient or patient's carers including, where appropriate, risks associated with pregnancy and need for reliable method of contraception.
3. Refer patient to specialist nurse service where appropriate (e.g. new patient) for advice on taking the drug, its cautions, side effects associated with treatment, monitoring requirements and the timing of re-assessment and by whom.
4. Issue a booklet for recording test results to patient.
5. Conduct baseline tests – full blood count, liver function tests, U&Es, creatinine and urinalysis.
6. Copy test results to GP.
7. Specify review dates.
8. Prompt verbal communication followed up in writing to GP of changes in treatment or monitoring requirements, results of monitoring, assessment of adverse events or when to stop treatment. Urgent changes to treatment should be communicated by telephone to GP.
9. Reporting adverse events to CHM.

General practitioner responsibilities

If GP has agreed to share care:

1. Prescribe penicillamine after communication with specialists regarding the need for treatment.
2. Conduct monitoring of full blood count, urinalysis, LFTs, U&Es, creatinine as specified. Review results and undertake any necessary action. Enable urine analysis and BP results to be recorded in the patient held monitoring record.
3. Ask patient about presence of rash or oral ulceration at each visit.
4. Take appropriate action if patient reports sign(s) or symptom(s) specified under Monitoring.
5. Be aware of criteria for referral to Rheumatology team.
6. Respond to advice from secondary care on dose changes and frequency of monitoring.
7. Report to and seek advice from specialist on any aspect of patient care of concern to GP which may affect treatment. Prompt referral to specialist if there is a change in patient's health status.
8. Report adverse events to specialist.

9. Stop treatment in case of a severe adverse event or as per shared care guideline.

Monitoring

Monitoring prior to starting therapy: specialist team

- Full blood count including platelet count, LFTs, U&Es, creatinine and urinalysis.

Monitoring during treatment: general practice

Laboratory tests

Tests	Frequency of monitoring	Guidance	Action to be taken by GP
Full blood count	Every two weeks until dose stable for three months and then monthly* One week after any dose increase *If renal impairment, monitor every two weeks throughout treatment	**If WCC falls** <3.5 x 109/l **If neutrophils fall** below 2.0 x 109/l **If platelets falls** below <150 x 109/l	If concerned about sequential drops in FBC indices (possibly still within the normal range) consider an early retest **If count(s) meet specified criteria, stop treatment and refer to rheumatology team**
Urinalysis		If proteinuria is 2+ or more	Send MSSU to exclude infection If sterile and 2+ proteinuria or more persists **stop treatment** and arrange 24 hr collection for protein. **Discuss results with Rheumatology team.** (Do not stop if only trace of protein)
LFTs		**If AST or ALT** rises >2 times upper limit of normal (ULN)	If small rise in AST or ALT, early next test (e.g. 2 weeks). **If >3 times ULN, stop drug and refer to Rheumatology team.**
U&Es and creatinine		If deterioration in renal function	Adjust dose or contact specialist

Signs and symptoms

Patients **must** report mouth ulcers, sore throat, fever, epistaxis, unexpected bruising or bleeding and any unexplained illness/infection.

At each visit, ask patient about the presence of rash or oral ulceration.

Action to be taken by GP

See patient with any of the signs or symptoms listed above within 24 hours for full blood count and liver function tests.

Stop treatment and refer if:

- Rash – late rashes are more serious than early ones.
- Abnormal bruising
- Severe sore throat
- Severe oral ulceration
- Unexplained illness including severe nausea, vomiting or diarrhoea

Patient/patient carer responsibilities

1. **Must** report mouth ulcers, sore throat, fever, epistaxis, rash, unexpected bruising or bleeding, and any unexplained illness/infection to their GP and/or specialist.
2. Report any other adverse effect to their GP and/or specialist whilst being treated with penicillamine.

3. Ensure that they have a clear understanding of their treatment.
4. Ensure they attend for monitoring requirements.
5. Be aware that treatment will be stopped if patient does not attend for monitoring.
6. Ask person undertaking BP and urine dip to record the results in the patient held monitoring booklet.

Back-up advice and support

Rheumatology

E-mail advice (for GPs to seek advice on established rheumatology patients):
Plymouth.rheumatology@nhs.net

This email is monitored daily Monday to Friday. A response should be received within 48hours from a Rheumatologist

For urgent queries please contact the rheumatology registrar, research fellow or on-call rheumatologist via Derriford switchboard (9am-5pm Monday to Friday)

Derriford Medicines Information: 01752 439976

Medicines Optimisation Teams

- NEW Devon CCG, Western Locality 01752 398800
- Kernow CCG 01726 627953

Supporting Information

This guideline highlights significant prescribing issues, not all prescribing information and potential adverse effects are listed. Please refer to SPC/data sheet for full prescribing data.

Dose

125mg to 250mg daily for the first month, increase by the same amount every four to twelve weeks until remission occurs. The usual maintenance dose is 500 to 750mg daily.

The minimum maintenance dose to achieve suppression of symptoms should be used and treatment should be discontinued if no benefit is obtained within 12 months. Improvement may not occur for some months.

Tablets should be taken at least half an hour before meals. Indigestion remedies or products containing iron or zinc should not be taken within 2 hours of the penicillamine dose.

Special patient groups: For patients with mild renal impairment, there should be at least 12 weeks between dose increases. Moderate or severe renal impairment is a contraindication.

Contraindications

- Hypersensitivity to penicillamine
- Agranulocytosis or severe thrombocytopenia
- Moderate or severe renal impairment
- Lupus erythematosus

Precautions

- Renal impairment (see also contraindications)
- Previous reaction to gold therapy
- Elderly – careful monitoring is essential, increased toxicity has been observed regardless of renal function.
- Patients with hypersensitivity to penicillin very rarely exhibit hypersensitivity to penicillamine.
- Pregnancy: men and women of child-bearing age must use a reliable method of contraception. When planning a pregnancy it is important that both men and women on this drug discuss medication with the Rheumatology team (at least six months before conception) since all drugs can potentially affect the unborn child.
- Lactation: see SPC for further information

Side effects

(Refer to SPC for further information)

Common and uncommon

- Nausea, anorexia, fever and rash may occur early in therapy, especially when full doses are given from the start. Rash occurs in up to 35% of patients. Taking medicine before bed may reduce nausea.
- Taste loss or metallic taste; may be transient for a few weeks.
- Thrombocytopenia
- Proteinuria occurs in up to 30% of patients and is partially dose-related.
- Bone marrow suppression, which may occur at any stage during treatment (this is sometimes triggered by infection).

Interactions

- Analgesics: possible increased risk of nephrotoxicity with NSAIDs
- Antacids: absorption reduced by antacids
- Antipsychotics: avoid concomitant use with clozapine (increased risk of agranulocytosis)
- Cardiac glycosides: penicillamine possibly reduces plasma concentration of digoxin
- Gold: avoid concomitant use (increased risk of toxicity)
- Iron: absorption of penicillamine reduced by oral iron
- Zinc: penicillamine reduces absorption of zinc, also absorption of penicillamine reduced by zinc

Shared Care Agreement Letter – Consultant Request

Rheumatology Department

Plymouth.rheumatology@nhs.net

Plymouth Hospitals NHS
NHS Trust

Patient Details

Date:

Dear Dr _____

We have today commenced the above patient onto _____

_____

_____

_____

Please can the following tests be performed by the surgery fortnightly for three months

☐ FBC ☐ LFT ☐ BP ☐ Renal Function ☐ Urine Dip

We have prescribed the first month of treatment and request your agreement to sharing the care of this patient according to the Western Locality Shared Care Information guidelines for this drug.

GPs are invited to participate, but if the GP is not confident to undertake these roles then they are under no obligation to do so. If so, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If asked to prescribe this drug the GP should reply to this request as soon as practical. Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient and accepted by them.

Remember: the doctor who prescribes the medication has the clinical and legal responsibility for the drug and the consequences of its use.

If you agree to share the care of this medication, further prescriptions should be issued from your practice.

A further clinic appointment has been booked for ____ weeks' time, and a full clinic letter will follow.

Many thanks for your co-operation.

Signed:		**Date:**
Consultant name:		

CC: Patient

Please sign below and return promptly. Remember to keep a copy of this letter for the patient's records. If this letter is not returned shared care for this patient will not commence.

GP Response **Please fax to 01752 763747**

I agree / do not agree* to share the care of this patient in accordance with the Shared Care Guideline.

Signed: **Date:**

GP name: *Delete as appropriate.