

## Dapsone Shared Care Guideline

<b>Introduction</b>	
<b>General statements</b>	<ul style="list-style-type: none"> <li>The patient will receive supplies of the drug from the hospital until the transfer of shared care is agreed between consultant and GP</li> <li>The GP must reply in writing to the request for shared care within two weeks if <u>unwilling</u> to participate.</li> <li>The responsibility for prescribing and monitoring must be documented clearly in the patient's hospital and GP notes</li> <li>Shared care should only be considered when the patient's clinical condition is stable or predictable</li> </ul>
<b>Indications</b>	<b>Licensed indication</b> Dermatitis herpetiformis and other <b>unlicensed indications</b> dermatoses (leucocytoclastic vasculitis, Sweets syndrome, pyoderma gangrenosum)
<b>Individual's Responsibilities</b>	
<b>Hospital specialist's responsibilities</b>	<ul style="list-style-type: none"> <li>➤ Pre-treatment monitoring and initial prescribing until the dose is stabilised on treatment</li> <li>➤ Monitoring disease progression and treatment response</li> <li>➤ Supporting and advising GPs</li> <li>➤ Ensure that the patient has an adequate supply of medication until GP supply can be arranged.</li> <li>➤ Continue to monitor and supervise the patient according to this protocol, while the patient remains on this drug, and agree to review the patient promptly if contacted by the GP.</li> </ul>
<b>General Practitioner's responsibilities</b>	<ul style="list-style-type: none"> <li>➤ Ensure hospital is notified if unwilling to undertake prescribing and monitoring when requested</li> <li>➤ Prescribing following written request from specialist care</li> <li>➤ Ensure monitoring is undertaken according to shared care guideline and only continue prescription if compliance with monitoring and results satisfactory</li> <li>➤ Follow guidance in the event of reaction or abnormality, record it and report back to specialist</li> <li>➤ Ensure no drug interactions with concomitant medicines</li> </ul>
<b>Monitoring required</b>	<p><b>Baseline</b></p> <ul style="list-style-type: none"> <li>FBC and Reticulocyte Count every 2 weeks for 8 weeks (Specialist)</li> <li>LFTs monthly until dose stable (Specialist)</li> <li>G6PD levels in patients (particularly patients of Middle and Far Eastern Origin)</li> </ul> <p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>FBC and Reticulocyte Count every 3 months thereafter (GP)</li> <li>LFTs – Every 3 months once dose stabilised (GP)</li> </ul>
<b>When and how to</b>	Loss of efficacy, intolerable or serious side effects, abnormal blood monitoring – please see overleaf for detailed guidance as regards reducing

*Approved by South West Yorkshire Area Prescribing Committee for use in the population covered by the geographical area of Calderdale, Greater Huddersfield, North Kirklees and Wakefield CCGs*

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<b>discontinue treatment</b>	dose or stopping treatment
<b>Information given to the patient</b>	Highlight importance of regular monitoring
<b>Contact details</b>	Documented in letter from specialist care to GP

### Product Information

**The information in this Shared Care Guideline should be used in conjunction with the latest edition of the BNF and Summary of Product Characteristics**

<b>Dosage</b>	<p>Dapsone 50mg and 100mg tablets are available.</p> <p>Initially 50mg daily gradually increased to 300mg daily if required. Once lesions have begun to subside, the dose should be reduced to a minimum as soon as possible, usually 25-50mg daily, which may be continued for a number of years. Maintenance dosage can often be reduced in patients receiving a gluten-free diet.</p>
<b>Serious adverse effects</b>	<ul style="list-style-type: none"> <li>• Haemolytic anaemia</li> <li>• Agranulocytosis</li> <li>• Hepatitis</li> <li>• Dapsone hypersensitivity syndrome</li> <li>• Neuropathy</li> <li>• Methaemoglobinaemia – suspect if patient develops blue tinge to lips/fingertips and check level.</li> </ul> <p>Refer to the current BNF and <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a> for complete and up to date information.</p>
<b>Precautions and contra-indications</b>	<p><b><u>Precautions – Pregnancy and Breastfeeding</u></b></p> <p>Refer to the current BNF and <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a> for complete and up to date information.</p> <p><b>Contains Lactose</b></p> <p><b><u>Contra-Indications</u></b></p> <ul style="list-style-type: none"> <li>• <b>G6DP deficiency</b></li> <li>• <b>Avoid in porphyria</b></li> <li>• <b>Known hypersensitivity to sulfonamides or sulfones</b></li> <li>• <b>Severe anaemia</b></li> </ul>
<b>Clinically relevant drug Interactions and their management</b>	<ul style="list-style-type: none"> <li>• <b>Trimethoprim</b> – Increase in dapsone levels; increasing risk of side effects</li> <li>• <b>Probenecid</b> – Increase in dapsone levels; increasing risk of side effects</li> <li>• <b>Folic acid antagonists</b> – increase in dapsone levels; increasing risk of side effects e.g. methotrexate</li> <li>• <b>Rifampicin</b> – decrease in dapsone levels</li> <li>• <b>Sulphonamide</b> – increased risk of haemolysis</li> <li>• <b>Hydroxychloroquine</b> – increased risk of haemolysis</li> </ul> <p>Refer to the current BNF and <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a> for complete and up to date information. Discuss with specialist if necessary prior to initiation.</p>

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## Recommended action for abnormal results

Investigation	Action
WBC <3.5 x10 <sup>9</sup> /L Neutrophils < 2 x10 <sup>9</sup> /L Platelets < 150 x10 <sup>9</sup> /L Reticulocyte count increases by > 6% Hb falls >20 gm/l from baseline	Stop and contact appropriate specialty department immediately by phone or email
Hb fall >1g in 4 weeks or last reading below 10g	Check for increased disease activity Ask about NSAID use and symptoms of GI blood loss or dyspepsia and stop NSAIDS if implicated. Check MCV and iron studies Consider endoscopy
AST, ALT, AlkPhos >2 fold rise (from upper limit of reference range)	Repeat bloods every 2 weeks Ask patient about viral/bacterial infections Check that it is not due to another drug or alcohol  Stop and contact specialist immediately by phone or email

## Recommended action for adverse effects

Adverse event	Action
Hypersensitivity, hepatitis	Stop treatment and contact appropriate specialty department immediately by phone or email
Bruising, bleeding	Check FBC, clotting screen, LFTs, alcohol history If unexplained – stop treatment and contact hospital specialist
Malaise, flu-like symptoms	Contact hospital specialist