NHS
South West Yorkshire
Area Prescribing Committee

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PENICILLAMINE - Shared Care Guideline

Introduction	
General Statements	• The patient will receive supplies of the drug from the hospital until the transfer of shared care is agreed between the Consultant and primary care prescriber. • The primary care prescriber must reply in writing to the request for shared care as soon as practicable if unwilling to participate. • Responsibility for prescribing and monitoring must be clearly documented in the patient's hospital and primary care notes. • The agreement to consider the use of a shared care guideline should only be considered when the patient's clinical condition is stable or predictable
Indication	Rheumatoid arthritis

Individual's Responsibilities	
Hospital Specialist's Responsibilities	➢ Baseline monitoring and initial prescribing until the patient is established on treatment (minimum of 8 weeks). ➢ Monitoring disease progression and response to treatment ➢ Supporting and advising primary care prescribers ➢ Monitoring booklets are available and may be beneficial in certain circumstances, for example if the patient receives blood monitoring at a location where results are inaccessible to the clinician. In these situations the Hospital Specialist will communicate this fact to the primary care prescriber at the point when prescribing and monitoring is transferred ➢ Ensure that the patient has an adequate supply of medication until primary care prescriber supply can be arranged. ➢ 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 primary care prescriber. ➢ Provide patient with rheumatology nurse helpline contact number.
Primary Care Prescribers Responsibilities	➢ Ensure hospital is notified if unwilling to undertake prescribing and monitoring when requested ➢ Prescribing following written request from specialist care ➢ Ensure monitoring is undertaken according to shared care guideline and only continue prescription if compliance with monitoring and results satisfactory. ➢ Follow guidance in the event of reaction or abnormality, record it and report back to the specialist ➢ Encourage influenza and pneumococcal vaccination as per Green Book ➢ Ensure no drug interactions with concomitant medicines ➢ To inform Rheumatology Team if patient repeatedly does not attend routine blood monitoring.
Monitoring Required	**Baseline** - FBC, U&E, Creatinine, Urinalysis, The Hospital Specialist must confirm to the primary care prescriber which

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	stages of the maintenance monitoring have already been completed at the point when prescribing and monitoring are transferred to the primary care prescriber **Maintenance** - FBC, U&Es and Urinalysis - 2 weekly for 8 weeks, monthly for 4 months then 3 monthly if dose stable.
When and How to Discontinue Treatment	Rash, intolerability, abnormal FBC or urinalysis Please see overleaf for detailed guidance as regards stopping treatment
Information given to the patient	Patient information leaflet (provided by hospital specialist) Patients should be advised to report any unexplained bleeding, bruising, purpura, sore throat or fever.
Contact Details	Specialist care details as documented in letter to GP.

Product Information

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

Dosage	Starting dose 125mg per day increased every 1-2 weeks by 125mg to usual maintenance dose of 250mg bd. If no response after 3 months can be increased to 750mg per day. Take 30-60 mins before food or last thing at night.
Adverse Effects	Patients should be advised to report any unexplained bleeding, bruising, purpura, sore throat, mouth ulcers, rash, non-specific illness, infection or fever. A blood count should be performed and the drug stopped immediately if there is suspicion of a blood dyscrasia **Mucocutaneous** – Mild skin rash and pruritis. Rare severe erythematous rash or exfoliative dermatitis. **Haematological** – Neutropenia, thrombocytopenia, eosinophilia, rarely aplastic anaemia **GI** – nausea, taste disturbance, mouth ulcers, diarrhoea **Renal** – Proteinuria which can progress to nephrotic syndrome. Haematuria. Rarely drug-induced lupus, pemphigus, myasthenia gravis Refer to the current BNF and www.medicines.org.uk/emc/ for complete and up to date information.
Precautions and Contra-indications	Contraindications ➢ Systemic lupus erythematosus ➢ Moderate to severe renal impairment ➢ History of penicillamine induced agranulocytosis, aplastic anaemia or severe thrombocytopenia. Precautions ➢ Pregnancy and breastfeeding Refer to the current BNF and www.medicines.org.uk/emc/ for complete and up to date information
Clinically relevant Drug Interactions and	• Antacids, zinc or iron supplements must not be taken within 2 hours as penicillamine absorption is reduced. • Antipsychotic drugs eg. clozapine, may increase risk of agranulocytosis • Digoxin levels may be reduced

their management	• Concomitant use of NSAIDs and other nephrotoxic drugs may increase the risk of renal damage Refer to the current BNF and www.medicines.org.uk/emc/ for complete and up to date information

Recommended action for abnormal results

Investigation	Action
WBC <3.5 x10^9/L Neutrophils < 2 x10^9/L Platelets < 150 x10^9/L	Stop and contact Rheumatology department
Hb fall >1g in 4 weeks or 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
Proteinuria >1+	MSU, if negative withhold and check protein creatinine index (PCI) or 24 hour urinary protein. Stop if proteinuria > 0.5g/24 hours & contact Rheumatology department.

Recommended action for adverse effects

Adverse event	Action
Bruising, bleeding	Check FBC and clotting screen
Rash	Stop if severe and contact Rheumatology department
Altered taste	Continue treatment as may settle
Mouth ulceration	Check WBC Check for candida & treat accordingly. Mild- advise mouthwash and increased dental hygiene Stop if severe and contact Rheumatology department
Nausea	Try taking at night