AZATHIOPRINE Drug Specific Monitoring Document

TARGET AUDIENCE	Board-wide
PATIENT GROUP	All patients aged 12 years and older taking Azathioprine

References

- British National Formulary (2024). *BNF | NICE*. [online] NICE. Available at: https://bnf.nice.org.uk/.
- Specialist Pharmacy Service (2021). *Medicines Monitoring*. [online] SPS - Specialist Pharmacy Service. Available at: https://www.sps.nhs.uk/home/tools/drug-monitoring/.
- Electronic Medicines Compendium (2019). *Home - electronic medicines compendium (emc)*. [online] Medicines.org.uk. Available at: https://www.medicines.org.uk/emc

Governance information for drug specific document

Lead Author(s):	Medicines Policy and Guidance Team
Endorsing Body:	Area Drug and Therapeutics Committee
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Medication Name	Azathioprine
Actions by specialist clinician before initiation	• Measure thiopurine methyltransferase (TPMT) activity • Full blood count • LFTs • Blood pressure • U&Es • eGFR or CrCl • Weight *For all drugs, specialist clinicians should consider whether vaccination/exclusion of other contraindications (including active infection), is required and arrange as appropriate..*
DIS actions on starting treatment and following dose titration during initiation period	**GI** – 2 weeks after starting; then at 4, 8, and 12 weeks; then 3 monthly • FBC • U&Es • eGFR or CrCl • Liver function tests Consider at week 8 - Methylmercaptopurine to Thioguanine ratio **Dermatology/ Rheumatology** – every 2 weeks until on stable dose for 6 weeks. Once on stable dose monthly for 3 months, then every 12 weeks. • FBC • U&Es • eGFR or CrCl • Liver function tests Consider at week 4 & 16 - Methylmercaptopurine to Thioguanine ratio
Ongoing monitoring in Primary Care once stable	Every 12 weeks • LFTs • FBC • U&Es • eGFR or CrCl
Action if monitoring is outside reference range	**Monitor Trends** - be aware of trends in results and respond accordingly. **Respond to absolute levels** - Consider stopping treatment and contacting a specialist any of the following develop on two consecutive results 1 week apart: <u>Full blood count</u> • WCC less than 3.5 x 10^9/L, • Neutrophils less than 1.6 x 10^9/L • Unexplained eosinophilia more than 0.5x10^9/L (up to 1.0x10^9/L acceptable in patients with atopic dermatitis) • Platelets less than 140 x 10^9/L • MCV greater than 105f/L then check B12, folate, thyroid-stimulating hormone levels. If abnormal treat; if normal accept MCV up to 110f/L. Discuss with specialist team if > 110f/L. <u>Liver function</u> • Unexplained fall in serum albumin less than 30g/L • AST and/or ALT greater than 100units/L <u>Renal function</u> • Creatinine increase greater than 30% above baseline over 12 months • eGFR less than 60ml/min/1.73m^2 (repeat in 1 week, if still more than 30% from baseline, withhold and discuss with specialist team)
Actions to take if restarting medication after treatment break	Actions needed may vary - consult specialist team for further guidance Patients should be referred by the specialist clinician to the drug initiation hub if re-titration or enhanced monitoring is required.

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CONSULTATION AND DISTRIBUTION RECORD	
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Consultation Process / Stakeholders:	LMC, GP Sub-committee, Karen Donaldson, Eimear Gordon, Anthony Carson, Richard Shearer, Rebecca Malley, Rosemary Beaton, Drug Initiation Service pharmacists, Acute specialist dermatology, rheumatology and gastro-intestinal pharmacists.
Distribution	Acute specialist consultants and pharmacists, Senior primary care pharmacists, all individuals involved with the Drug Initiation Service, LMC and GP sub-committee

CHANGE RECORD			
Date	**Lead Author**	**Change**	**Version**