

#### North of Tyne, Gateshead and North Cumbria Area Prescribing Committee

# **Azathioprine**

### **Shared Care Guidance for Renal Transplant**

Introduction	Indication: Renal transplant Usual dose range: 25-150mg daily (starting dose usually 1.5mg/kg)					
Specialist Responsibilities	Initial assessment and prescribing Initial safety monitoring Ongoing Responsibilities:  • Assess and monitor patients' response to treatment  • Provide the GP with relevant information for each patient including the dose recommended  • Inform the GP of any dose changes. This will be communicated via clinic letter, unless a dose change is urgent when the message will be relayed by telephone  • Report any suspected ADRs to MHRA via Yellow Card system.  • Provide GP with any further advice if required – where non-urgent this should preferably be sought via Advice and Guidance Portal					
GP Responsibilities	<ul> <li>Maintenance prescribing:</li> <li>Contact Transplant Clinic to accept shared care arrangement with signed form within 28 days</li> <li>Prescribe maintenance dose as directed by nephrologist</li> <li>Ongoing Monitoring:</li> <li>Regular monitoring to be undertaken in specialist Transplant Clinic</li> <li>Management of hypertension in co-operation with the Transplant Clinic according to NICE Hypertension Guidelines</li> <li>Management of hyperlipidaemia in co-operation with the Transplant Clinic</li> <li>NHS screening according to usual practices NHS screening - NHS (www.nhs.uk)</li> <li>Vaccination to include annual influenza vaccination, 5-yearly pneumococcal vaccination, COVID-19 vaccination and AVOID live vaccinations Greenbook cover Jan21 (publishing.service.gov.uk)</li> <li>Provision of contraceptive advice to women of childbearing age at risk of pregnancy according to usual practice noting that their underlying disease should be taken into account and pregnancy should only be pursued after specialist counselling and in a planned way</li> <li>Critical drug interaction with allopurinol; do not co-prescribe (this list is not exhaustive)</li> </ul>					
Adverse Effects, Precautions, Contraindications, Common Drug Interactions	Please refer to BNF or SPC					
Contact Details	Transplant secretary: 0191 2138140 Renal Pharmacists email: nuth.renalpharmacy@nhs.net For non-urgent queries please contact the Renal Unit using Advice and Guidance <a href="https://nww.ebs.ncrs.nhs.uk/main">https://nww.ebs.ncrs.nhs.uk/main</a> Ward 32 number for emergencies only: 0191 2137032					

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

Issued: Dec 2021 Review Date: Dec 2024

#### North of Tyne, Gateshead and North Cumbria

Area Prescribing Committee Formulary



#### **Private and Confidential**

**Specialist Prescriber** 

### **Azathioprine - Shared Care Request/Confirmation**

- Specialist Prescriber to complete first section of form and send to patient's GP.
- GP to complete second section of form and return to specialist prescriber within 28 days
- A copy of the full shared care guideline can be viewed at www.northoftyneapc.nhs.uk

Departme	nt										
Hospital											
Telephone	e										
Patient details (use hospital label if preferred)											
Name			-								
Address											
Postcode											
	osp reg no		N/	ale / Female	Dal	D					
NH3 OF H	osp reg no		IVI	Male / Female DoB							
			l								
Treatment requested for prescribing in accordance with an Approved Shared Care Arrangement											
Drug Info	rmation – Aza	thioprine									
Formulati				Dose			Frequency				
include bi											
Indication – Renal transplant											
Other information (if appropriate)											
Signed (S				Name				Date			
Prescribe	r)			(Print)							
To be con	nleted by GF	•					Plea	se ticl	c one box		
To be completed by GP I ACCEPT the proposed shared care arrangement for this patient								100 1101	t one box		
I ACCEPT the proposed shared care arrangement with the caveats below											
I DO NOT ACCEPT the proposed shared care arrangement for this patient											
My caveats/reason(s) for not accepting include:											
Signed			Name (print)				Date	Э			

## N.B. Participation in this shared care arrangement implies that prescribing responsibility is shared between the specialist prescriber and the patient's GP

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