HERPC
Hull & East Riding Prescribing Committee

Prescribing Framework for Sodium aurothiomalate (Gold injection) in Rheumatoid arthritis.

Patient's Name:……..… NHS Number: ……

Patient's Address:……...……(Use addressograph sticker)

GP's Name:……..

Communication

We agree to treat this patient within this Prescribing Framework

Specialist Prescriber's Name…… Prof Reg. No. ……

Specialist Prescriber's Signature…… Date:……

Where prescriber is <u>not</u> a consultant:

Consultant's Name: …… GMC No ……..

Consultant's Signature ……... ……. Date:……

GP's Signature:…… Date:……..

GP's Name (if different from listed above)……..

The front page of this form should be completed by the specialist and the form sent to the patient's general practitioner.

The patient's GP should sign and **send back to specialist**, to confirm agreement to enter into shared care arrangement. If the General Practitioner is **<u>unwilling</u>** to accept prescribing responsibility for the above patient the specialist should be informed within two weeks of receipt of this framework and specialist's letter.

Full copy of framework can also be found at: http://www.hey.nhs.uk/amber.htm

1. Background

DMARDs are fundamental to arresting the disease process in Rheumatoid Arthritis and other inflammatory arthritides. While early initiation of therapy is essential to arrest the disease process, sustained use is vital if disease suppression is to be maintained. Prolonged therapy requires long-term monitoring for toxicity and safety profile

Gold injection is a DMARD that may be used for treatment of rheumatoid arthritis (NICE Clinical Guideline 79, www.nice.org.uk/cg79).

These guidelines aim to provide a framework for the prescribing of gold injection by GPs and to set out the associated responsibilities of GPs and hospital specialists who enter into the shared care arrangements.

This document should be read in conjunction with the guidance "Responsibility for prescribing between Primary & Secondary/Tertiary Care" https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf

2. Indication

Rheumatoid arthritis.

3. Dose and administration

Given by deep intramuscular injection. The patient should remain under medical observation for 30minutes after drug administration.

A test dose of 10mg in the first week followed by weekly doses of 50mg until a cumulative dose of 500mg has been administered. With full remission the interval between injections should be increased progressively to three, four and then (after 18 months to 2 years) to six weeks. If partial remission occurs then continue giving 50mg weekly until 1g in total has been given. If no signs of remission occur after this time other forms of treatment should be considered.

Elderly patient should be monitored with extra caution.

Doses may vary for individual patients and will be documented in specialist letter.

4. Duration of treatment

Advice will be given to the GP on duration of treatment and dose changes for each individual patient.

5. Contraindications and cautions

Sodium aurothiomalate is contraindicated in history of blood disorders or bone marrow aplasia, exfoliative dermatitis, systemic lupus erythematosus, necrotising enterocolitis, pulmonary fibrosis, severe renal impairment, severe hepatic impairment

6. Adverse effects

Gold is associated with a range of potential adverse effects.
Common adverse reactions: mouth ulcers and rash.
Other reactions include: proteinuria, blood disorders (sometimes sudden), rarely colitis, peripheral neuritis, pulmonary fibrosis, hepatotoxicity and cholestatic jaundice and coronary artery spasm.

7. Interactions

Increased risk of toxicity with other nephrotoxic or myelosuppressive drugs.

Details of contraindications, cautions, drug interactions and adverse effects listed above are not exhaustive. For further information always check with BNF www.bnf.org.uk or SPC (www.medicines.org.uk).

8. Monitoring

Disease monitoring:
Clinical response to therapy

Drug monitoring:
Baseline - full blood count, U&Es, LFTs, urine dipstick for protein.

On-going - A full blood count should be carried out prior to each dose of gold. Dip stick urinalysis for protein should also be performed and checked before each dose. Results should be recorded in the patient held shared care booklet.

At each blood test, the patient should be asked about the presence of a rash or oral ulceration, itching, bruising, diarrhoea or metallic taste.

Monitoring parameter	Recommended response
WBC < 4.0 x 10^9 /1	withhold **until discussed** with specialist team
Neutrophils <2.0 x 10^9 /l	withhold **until discussed** with specialist team
Platelets <150 x 10^9 /l	withhold **until discussed** with specialist team
Proteinuria + on more than one occasion	withhold **until discussed** with specialist team
Ulceration of mouth, throat	withhold **until discussed** with specialist team
Breathlessness or cough	withhold **until discussed** with specialist team
Abnormal bruising or **severe sore** throat, pruritis or rash	Check **FBC immediately** and withhold until results are available

9. Information to patient
Patients should be informed about benefits and risks of treatment and need for monitoring.

Patients should be warned to contact their GP if any of the following occur: sore throat, fever, infection, unexplained bruising or bleeding, purpura, mouth ulcers, metallic taste, diarrhoea, itching, jaundice or rashes.

Any breathlessness or cough should also be reported to their GP.

10. Responsibilities of clinicians involved

Stage of Treatment	Hospital Specialist	General Practitioner
Initiation	Assess the patient following referral by GP Carry out baseline FBC, U&Es, LFTs, urine dipstick for protein. Recommend appropriate treatment to the GP by approved DMARDs clinic letter	Prescribe on FP10
Maintenance	Assess clinical response to treatment Provide adequate advice and support for the GP Provide information to GP on frequency of monitoring if doses are changed	Monitor for adverse effects, refer to consultant where necessary. Check the following prior to each dose of gold; full blood count and dip stick urinalysis for protein.

DMARDs clinic letter box

DMARD COMMENCEMENT	Tick box
Bloods checked and satisfactory	
X-Ray checked and satisfactory	
Information given to patient	
Counselling given to patient	
Shared Care Protocol attached	

Contact Details:

During Office hours:

Number for patients and non-urgent enquiries for staff tel: 01482 675683.
(The helpline number is an answering machine service in which messages are taken at midday Mon - Fri.)

For urgent or staff enquiries only contact consultant secretary via switchboard (01482 875875)

Specialist pharmacists

Interface Pharmacist – Antonio Ramirez	01482 674306
Rheumatology – Emily Hardaker	01482 674043

Out of hours: Contact On-call Registrar for Medicine via Switchboard: tel 01482 875875

APPROVAL PROCESS

Written by:	***Interface or specialist pharmacist***
Consultation process:	***Include Specialist Team***
Approved by:	***Include MMIG, LMC, HFT DTC***
Ratified by:	***HERPC March 2014 Update June 2018***
Review date:	***June 2021***