Doncaster & Bassetlaw Medicines Formulary

Section 10.1.3: Drugs that Suppress the Rheumatic Disease Process

Azathioprine 25mg and 50mg Tablets
Ciclosporin 10mg, 25mg, 50mg and 100mg Capsules
Leflunomide 10mg and 20mg Tablets
Hydroxychloroquine 200mg Tablets
Methotrexate 2.5mg Tablets
Methotrexate Injection
Mycophenolate Mofetil 250mg Capsules
Mycophenolate Mofetil 500mg Tablets
Sulfasalazine 500mg Tablets & EC Tablets

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Prescribing Guidance:

Patients should be stabilised on a single brand of oral ciclosporin because switching between formulations without close monitoring may lead to clinically important changes in bioavailability. Prescribing and dispensing of ciclosporin should be by brand name to avoid inadvertent switching. If it is necessary to switch a patient stabilised on one brand of ciclosporin to another brand, the patient should be monitored closely for side-effects, blood-ciclosporin levels and disease symptoms.

A shared care protocol (and proforma) for the management of inflammatory arthritis and connective tissue disease is available via the following link:

http://medicinesmanagement.doncasterccg.nhs.uk/shared-care/shared-care-drugs/

Do not prescribe methotrexate until you have read the following guidance:

Prescribing Methotrexate for Inpatients

When a patient is admitted who is taking oral methotrexate you must undertake a number of actions to ensure that the prescribing of methotrexate is safe and effective.

1. Establish when the patient last had a routine blood test to monitor their treatment and arrange monitoring as appropriate. If the patient is normally seen at DRI or MMH you may elicit this information by contacting the DRI Rheumatology nurse specialists (on extension 6181)
2. Be aware of the signs and symptom of methotrexate toxicity such as:
    1. Breathlessness;
    2. Dry persistent cough;
    3. Vomiting;
    4. Mouth ulcers;
    5. Diarrhoea.
3. Ensure that only the 2.5mg tablets are prescribed
4. Establish the correct dose they take:
    1. Ask the patient;
    2. Look at the medicines they brought with them;
    3. Look in the Patient Held Monitoring booklet, if the patient has it with them;
    4. Corroborate this with information from the GP
5. Establish which day of the week the dose is next due. Methotrexate is almost always prescribed once weekly
6. If the drug is prescribed on a treatment chart (as opposed to electronically):
    1. Include the strength of the tablets and the dose;
    2. Include the words WEEKLY in the special instructions box;
    3. Cross out, across the entire chart, the six days each week that the dose must not be administered
7. Co-prescribe folic acid 5 mg once weekly to be taken 3 days after Methotrexate
8. Dose should be reviewed with new onset renal failure, as Methotrexate is renally excreted
9. Do not co-prescribe Trimethoprim simultaneously as this can cause significant neutropenia

If in any doubt ask the advice of the Senior Clinical Pharmacist for your ward.

On Discharge ensure the prescription and discharge summary is complete, legible, and includes the form, strength, and directions in full. Ensure the patient held record is up to date.

Items for Restricted Prescribing:

Cytokine Modulators

Use of cytokine modulators (inhibitors of the activity of tumour necrosis factor, or TNF, alpha) is restricted to that detailed within the relevant NICE guidance by a Consultant specialising in the management of the specific disease state.