Table 1: Establishing an All Wales Core Amber List (rheumatology)

Drug & SPC	**Could AWMSG criteria be met?**	**Safety issues**		**Relevant Specialties** **Consultant view where available**	**GP Issues** **GP view where available**	**Current volume of use (GP) '1000 items pa**	**Anticipated change in volume of use**	**Other**
		Major Toxicity	**Laboratory tests required**					
Azathioprine **Imuran® SPC** - "It should be prescribed only if the patient can be adequately monitored for toxic effects throughout the duration of therapy"	Yes	Cytotoxic Myelosuppression, Overwhelming sepsis SPC: Patients receiving immunosuppressive therapy are at an increased risk of developing non-Hodgkin's lymphomas and other malignancies, notably skin cancers <u>Interactions</u>: allopurinol trimethoprim warfarin cimetidine, indometacin, captopril, aminosalicylates, phenytoin.	FBC every 1- 2 weeks until dose stable; then every 1-3 months thereafter. (SPC advises weekly monitoring for 8wks, more frequent if high dose or severe hepatic / renal impairment)	Transplant Dermatology Haematology (ITP) Gastroenterology Respiratory <u>Rheumatology</u> Widely used, good consensus for shared care **CORE LIST** "Used to treat a variety of chronic inflammatory and autoimmune conditions"		40		Azathioprine, ciclosporin, cyclophosphamide, leflunomide and cytokine inhibitors are considered more toxic than MTX and used in cases that have not responded to other DMARDS (BNF)

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Leflunomide **Arava® SPC** - "The treatment should be initiated and supervised by specialists experienced in the treatment of rheumatoid arthritis and psoriatic arthritis"	Yes Shared Care advised by AWMSG March 2003	Recent or concurrent treatment with hepatotoxic or haematotoxic DMARDs (e.g. methotrexate) may result in an increased risk of serious adverse reactions. Long half life . Washout procedure important Hypertension, Myelosuppression, Hepatotoxicity, Overwhelming sepsis Dizziness, paraesthesia Interactions: warfarin , phenytoin	FBC, LFTs 2 weeks for the first 6 months then every 8 weeks	Rheumatology **CORE LIST**		6	As previous year	
Cyclophosphamide **Pharmacia SPC -** "…should be used only under the directions of physicians experienced in cytotoxic or immunosuppressant therapy"	Yes	Cytotoxic Myelosuppression Haemorrhagic cystitis Overwhelming sepsis Excessive risk of acute leukaemia and bladder cancer following cyclophosphamide therapy. Also (frequency not clear from SPC) myocardial toxicity	FBC, U&Es, LFTs, urine dipstick At least twice per week	Cancer Rheumatology **NOT CORE LIST**	Take early in the day, frequent voiding. Note SPC restrictions	0.7		

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Ciclosporin **Neoral® SPC** - "Neoral® treatment and its monitoring should be carried out under the supervision of a dermatologist experienced in the management of severe skin diseases" and "The use of ciclosporin therapy for the treatment of patients with rheumatoid arthritis or nephrotic syndrome requires careful monitoring and follow-up. NEORAL should only be used provided that the necessary expertise and adequate equipment, laboratory and supportive medical resources are available"	Point 8? (patient attending specialist on a regular basis) especially if patient also on myco-phenolate	Renal toxicity Anaemia Hypertension Photosensitivity Overwhelming sepsis CNS (headache, paraesthesia, tremor) Hyperlipidaemia, Hyperkalaemia Interactions With many commonly used medications	FBC, U&Es, Every 2 weeks first 3 months and until dose stable; then monthly Also LFT BP	Transplant Dermatology <u>Rheumatology</u> The group was divided. Used more widely by renal physicians and it was agreed to await their opinion.	Need for dose titration suggest that in many cases pt will be under frequent specialist review	17		
s/c Methotrexate **Wyeth (25mg/ml) SPC** - only licensed for neoplastic disease "…only be used by clinicians who are familiar with the various characteristics of the drug and its mode of action" **Mayne (2.5mg/ml, 25mg/ml and 100mg/ml) and Wockhardt (100mg/ml) SPCs** - Neoplastic disease and severe recalcitrant disabling psoriasis ONLY "…must be used only by physicians experienced in antimetabolite chemotherapy"	Point 4 dispensing and administration requires special facilities/ precautions	Cytotoxic Myelosuppression, Hepatotoxicity, Pneumonitis Methotrexate has a high potential toxicity, usually dose related.		Cancer Dermatology <u>Rheumatology</u> **NOT CORE LIST**	Not appropriate for GP use according to SPC. No subcutaneous preparation that's licensed for rheumatology	0.4		

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Mycophenolate Only currently licensed for use in combination with ciclosporin and corticosteroids for the prophylaxis of acute transplant rejection. **CellCept® SPC** - "…should be initiated and maintained by appropriately qualified transplant specialists"				Rheumatology **NOT CORE LIST**		6		
Hydroxychloroquine **Plaquenil® SPC** - no specific recommendations	Point 4? (opthal-mology assess)	Retinopathy Interactions digoxin amiodarone antiepileptics	Ophthalmo-logical examinations (visual acuity, careful ophthalmoscopy, fundoscopy and central visual field testing) must be repeated at least every 12 months	Dermatology . Rheumatology Core List Is a better mechanism needed for yearly ophthalmology check ?	AWPAG: Core List	14		

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Strontium ranelate **Protelos® SPC** - no specific recommendations	No Point 6 (safety profile – extensive monitoring not required)	In phase III studies, the annual incidence of venous thromboembolism (VTE) observed over 4 years was approximately 0.7%, with a relative risk of 1.42 (CI 1.02; 1.98, p=0.036) in strontium ranelate treated patients as compared to placebo	None specified (annual electrolytes may be appropriate	Rheumatology **NOT CORE LIST**	Strontium interferes with colorimetric methods for the determination of blood and urinary calcium concentrations. Does not meet criteria for shared care	4	New drug, likely to increase significantly	NICE due to report
Auranofin (oral gold)						0.2		
Methotrexate oral						73		
Penicillamine						2		
Sodium aurothiomalate (gold inj)						1		
Sulphasalazine						48		

Explanatory notes

1. SPC

Relevant extracts from Summary of Product Characteristics referring to the most appropriate place of treatment.

2. AWMSG Criteria for shared care

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=371&id=53824&pid=3208

3. Safety

This highlights particularly important adverse events which are categorised as very common or common (where indicated) in the SPC. It is not intended to be a comprehensive summary of potential adverse effects.
Monitoring: to give an indication of the level of monitoring advised.
Resources: SPC, Prodigy, BNF

4. Consultant view

Established from discussion with the relevant Welsh specialist group & AWPAG members discussion with colleagues

5. GP view

Established via regional LMC groups & AWPAG members discussion with colleagues

6. Current Volume of use

Volume based on All Wales number of items per annum prescribed in primary care. This cannot be completely accurate due to differences in script provision i.e. monthly, bi monthly etc. and does not differentiate indication.

7. Anticipated change in volume of use

To be established from discussion with the relevant Welsh specialist group & AWPAG members discussion with colleagues

8. Other

Any other consideration