Rheumatology

Penicillamine Tablets

Produced by The 3T's formulary

Further copies can be obtained from:
Pharmacy Department, Great Western Hospital
NHS Wiltshire

Addressograph label

Patient's Name _____

Consultant Name _____

Consultant Signature _____

Date _____

I agree to your request to prescribe Penicillamine in accordance with the attached shared care guideline:

GP Name _____

GP Signature _____

Date _____

This SCA should be read in conjunction with the Summary of Product Characteristics (SPC).
Prepared by: Katherine Roe, Formulary Pharmacy Technician, GWH

Penicillamine Tablets (TLS Amber)

for the treatment of rheumatoid arthritis

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care agreement outlines how responsibility for prescribing penicillamine tablets might be shared between specialist and general practitioner (GP). GPs are invited to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care is usually explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

The doctor who prescribes this medication legally assumes clinical responsibility for penicillamine tablets and the consequences of its use.

RESPONSIBILITIES and ROLES

	Specialist responsibilities
1	Complete initial FBC, LFT and renal function tests.
2	Initiate treatment and prescribe at least 4 weeks supply of medication.
3	Discuss the benefits and side effects of treatment with the patient and emphasise the importance of regular monitoring.
4	Ensure compatibility of penicillamine with other concomitant medication.
5	Ask the GP whether he or she is willing to participate in shared care, and discuss the shared care arrangement with the patient & obtain their consent.
6	Supply GP with summary within 14 days of a hospital out-patient review or in-patient stay.
7	Review the patient's condition and monitor response to treatment at least annually or when deemed clinically necessary.
8	Give advice to the GP on future monitoring, dosage adjustment and when to stop treatment.
9	Report adverse events to the MHRA & GP.
10	Ensure that clear backup arrangements exist for GPs to obtain additional advice and support should they need it.

	General Practitioner responsibilities
1	Reply to the request for shared care as soon as practicable.
2	Prescribe medicine at the dose recommended by the specialist
3	Undertake monitoring as per schedule on page 3 and refer to specialist for advice on dosage adjustments.
4	Ensure compatibility of penicillamine with other concomitant medication.
5	Refer promptly to specialist when any loss of clinical efficacy is suspected (e.g. worsening of disease-related symptoms, new symptoms suggestive of disease recurrence or progression) or intolerance to therapy occurs.
6	Report to and seek advice from the specialist on any aspect of patient care that is of concern to the GP and may affect treatment.
7	Stop treatment on the advice of the specialist.
8	Report adverse events to the specialist and MHRA.

	Patient's role
1	Attend all appointments with GP and specialist, including appointments for blood tests and other monitoring.
2	Report to the specialist or GP if he or she does not have a clear understanding of the treatment.
3	Share any concerns in relation to treatment with medicine.
4	Inform specialist or GP of any other medication being taken, including over-the-counter products.
5	Report any adverse effects to the specialist or GP whilst taking the medicine.

BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.	Bleep:	Email address:
Specialist (Rheumatology):			
Dr E Price – Consultant Rheumatologist	01793 604314	2112	Elizabeth.Price@gwh.nhs.uk
Dr L Williamson – Consultant Rheumatologist	01793 604318	1263	Lyn.Williamson@gwh.nhs.uk
Dr D Collins – Consultant Rheumatologist	01793 604317		David.Collins@gwh.nhs.uk
GWH Medicines Information	01793 605029		medinfo@gwh.nhs.uk
Rheumatology Team – Osprey Department	01793 604323		

SUPPORTING INFORMATION

Summary of condition/Licensed indications

- This guideline covers use as a disease modifying therapy in severe/active Rheumatoid arthritis
- Penicillamine is also licensed for use in Wilson's disease, heavy metal poisoning & chronic active hepatitis. These conditions are not covered by this SCA.

Treatment aims/Therapeutic Plan

Suppression of disease activity

Dosage and administration

Adults: Initially 125-250mg daily for 4 weeks, increase every 4-12 weeks until remission occurs.

The usual maintenance dose is 500-750mg daily in divided doses. The minimum dose required to achieve suppression of symptoms should be used and treatment should be discontinued if no improvement within 12 months. Some patients may need up to 1500mg daily to obtain benefit.

Dose adjustment is required in the elderly and those with renal impairment (refer to SPC or specialist for further advice).

Penicillamine tablets should be taken on an empty stomach at least 30 minutes before meals, or at bedtime.

Contra-indications and precautions for use

- Contraindicated in patients with known hypersensitivity to penicillamine or any of the excipients.
- Contraindicated in patients with moderate or severe renal insufficiency, lupus erythematosus, history of penicillamine induced agranulocytosis, aplastic anaemia or severe thrombocytopenia.
- Treatment is contraindicated in pregnancy
- Treatment should only be used in breast-feeding patients if considered absolutely essential by a specialist.
- Use with caution in patients who have had an adverse reaction to gold and patients who are allergic to penicillin.

See SPC for a full list of precautions.

Side-effects

Very Common	Proteinuria (dose related)
Common	Thrombocytopenia (usually reversible)
Rare	Allergic reactions, stomatitis, pseudoxanthoma elasticum, haematuria, deafness, glossitis, elastosis perforans, breast enlargement, mouth ulceration, alopecia, skin laxity

Please note: Nausea, fever, rash, vomiting, diarrhoea, headaches, dizziness, abnormal vision and confusion can occur early in therapy especially if a full dose is initiated. Neutropenia can occur at any time during treatment and is usually reversible.

Please note that the following convention has been used for the classification of side-effects: very common (≥ 1/10), common (≥ 1/100 to <1/10), uncommon (≥ 1/1,000 to <1/100), rare (≥ 1/10,000 to <1/1000) and very rare (<1/10,000).

Refer patient back to the specialist if any of these side-effects cause concern. Refer to the SPC for a full list of adverse effects & further information http://www.medicines.org.uk.

This medicine does not have black triangle (▼) status. Serious suspected reactions (even if well recognised or causal link uncertain) should be reported to the MHRA.

Monitoring

Parameter	Frequency of monitoring	Action (adjustment and referral back to hospital)
Full Blood Count	Weekly for first two months of therapy (or after dose change) and repeated monthly thereafter	If new fall or persistant downward trend withhold drug and discuss with specialist
Urinalysis (protein)	Weekly for first two months of therapy (or after dose change) and repeated monthly thereafter	If new proteinurea or twice baseline withhold drug and discuss with specialist

Drug Interactions

- Penicillamine should not be given with other drugs which can cause similar serious haematological or renal adverse reactions (e.g. gold salts, chloroquine, clozapine, hydroxychloroquine or immunosuppresants)
- Concomitant oral iron, digoxin or antacid therapy should not be given with 2 hours of taking penicillamine
- Co administration with levodopa may result in elevated levodopa levels
- Co administration with zinc may lead to decreased penicillamine levels

Please see SPC for full list of drug interactions.

Cost

125mg Tablets (56 tablet pack) - £13.38
250mg Tablets (56 tablet pack) - £21.69

(NHS Prescription Services 12/06/2012)

References

Electronic Medicines Compendium. Summary of Product Characteristics. Penicillamine Tablets

http://www.medicines.org.uk/EMC/medicine/26381/SPC/Penicillamine+125mg+Tablets/

Author

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