FULL SHARED CARE AGREEMENT FOR

Hydroxycarbamide

in the treatment of

Myeloproliferative disorders

Prepared by:

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On behalf of:

East Leicestershire and Rutland Clinical Commissioning Group
Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
University Hospitals of Leicester NHS Trust
Leicestershire Partnership NHS Trust

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Additional medicines information is available from:
Trent Medicines Information Centre
Victoria Building, Leicester Royal Infirmary, LE1 5WW
Tel: 0116 255 5779 / 0116 258 6491
Fax: 0116 258 5680
e-mail: medicines.info@uhl-tr.nhs.uk
Full Shared Care Agreement for the prescribing of Hydroxycarbamide in the treatment of Myeloproliferative disorders

Introduction and purpose

This shared care agreement has been produced following classification of Hydroxycarbamide in the Leicestershire drug traffic light scheme. See website at www.lmsg.nhs.uk

Shared care has been defined as the mechanism of sharing patient care between primary and secondary care providers. This document sets out these responsibilities from initial diagnosis to ongoing support.

Disease Background

Myeloproliferative disorders (MPD) include Essential Thrombocythaemia (ET), Polycythaemia Vera (PV) and Myelofibrosis (MF).

Hydroxycarbamide is currently licensed for the treatment of adults with chronic myeloid leukaemia (CML), treatment of essential thrombocythaemia or polycythaemia vera with a high risk for thrombo-embolic complications in adults.

Drug covered by the agreement

The exact mechanism of action of hydroxycarbamide is unknown however its most important effect appears to be in blocking the ribonucleotide reductase system resulting in the inhibition of DNA synthesis.

Any patient who requires hydroxycarbamide and has been stabilised on therapy.

Indications include:
- Patients with Essential thrombocythaemia (ET)
- Polycythaemia vera
- Myelofibrosis at high risk of thrombosis

Secondary Care Clinician Responsibilities

- Diagnosis of condition and ensuring other treatment options have been fully explored.
- Discuss with the patient if the indication is out of license and document agreement in the patient’s medical record.
- Initiation of treatment and titration of dose to the optimum level.
- Monitoring for response and adverse drug reactions (ADRs) during titration period.
- Ask the general practitioner (GP), using the Shared Care Request Form, to share the patient’s care when a stable dose has been achieved.
- To assess patient’s response to treatment and make any dosage adjustments and inform GP of the dosage schedule, and progress of treatment after each appointment.
- Complete the patient held record with blood results and dosage changes.
- If appropriate outlining to GP when therapy may be reduced and stopped assuming no relapse in patient’s condition. Review periods to be agreed.
- Responding to issues raised by GP after care of patient has been transferred.
- Advising GP on related issues such as drug interactions etc.
- To inform the GP if the patient fails to attend an appointment.

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Stop the treatment when considered to be no longer appropriate.

**GP Responsibilities**
- Hydroxycarbamide should not be initiated in the primary care setting
- Monitoring the patient’s overall health and well being and observing patient for evidence of ADRs/abnormalities (such as myelosuppression, pulmonary oedema, skin rash and ulceration) and raising with secondary care clinician if necessary.
- Remind patient to protect skin from sun exposure
- GP is not expected to undertake any specific clinical monitoring
- Prescription of drug after achievement of a stable dose regime by secondary care, in accordance with written instructions (clinic letter [not more than 3 months old] / patient hand held record)
- **Before issuing a repeat prescription confirm that a full blood count has been taken within the last 3 months.** Do not issue a prescription if a full blood count has not been taken within the preceding 3 months and contact the secondary care clinician as soon as possible
- Ensuring advice is sought from the secondary care clinician if there is any significant change in the patient’s physical health status
- Reducing/stopping treatment in line with secondary care clinician’s original request

**Community pharmacist responsibilities**
- Remind patient to protect skin from sun exposure
- Confirm that the patient has had a full blood count and/or attended the specialist clinic within the last 3 months before dispensing the prescription (patients hand held record contains details of recent blood tests, dose amendments and next appointment date)

**Contact for support and advice**

Consultant Haematologists:
Dr Hafiz Qureshi  hafiz.qureshi@uhl-tr.nhs.uk
Dr Mamta Garg  mamta.garg@uhl-tr.nhs.uk
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0116 254 1414 ext 6614

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**Supporting Information**

Summary of Product Characteristics (SPC) Hydroxycarbamide (Hydrea®); Squibb, Medac. Available from e-MC at http://emc.medicines.org.uk/

LNR Cancer network hydroxycarbamide protocol

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