PAN MERSEY APC

PAN MERSEY AREA PRESCRIBING COMMITTEE
SHARED CARE FRAMEWORK
APC BOARD DATE: 25 APR 2018

NHS
Pan Mersey
Area Prescribing Committee

DAPSONE for dermatology indications

1. Background	Dapsone is an antibacterial medicine belonging to the sulphonamide class of antibiotics. It acts as an anti-inflammatory drug and has been used successfully as a treatment for several skin conditions such as dermatitis herpetiformis, pyoderma gangrenosum, Sweet's syndrome and vasculitis for many years. It can also be used for other inflammatory skin conditions.
2. Licensed Indications	Treatment of dermatitis herpetiformis and other dermatoses Dapsone is also licensed for several other indications which are Red on the APC formulary and therefore beyond the scope of this document.
3. Locally agreed off-label indications	None
4. Initiation and dose regime	**Transfer of monitoring and prescribing to Primary care would normally be once the patient is established on a maintenance dose.** **The duration of treatment will be determined by the specialist based on clinical response and tolerability.** *Adults and children over 12 years:* *Dermatitis herpetiformis:* Initially 50mg daily, gradually increased to 300mg daily if required. Once lesions have begun to subside, the dose should be reduced to a minimum as soon as possible, usually 25-50mg daily, which may be continued for a number of years. Maintenance dosage can often be reduced in patients receiving a gluten-free diet. *Elderly:* Dosage should be reduced in the elderly where there is an impairment of hepatic function. **Dose adjustments and consequent monitoring will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician.** **Termination of treatment will be the responsibility of the specialist.**

<table>
<tr><td>5. Baseline investigations and initial monitoring and dose titration to be undertaken by the specialist.</td><td colspan="2">Baseline

FBC, U&Es, LFTs, Reticulocyte count, G6PD enzyme levels.

Monitoring

FBC, U&Es, LFTs & Reticulocyte count weekly for one month, then monthly for 3 months then every 3 months thereafter.</td></tr>
<tr><td rowspan="3">6. Ongoing monitoring requirements to be undertaken in Primary Care</td><td>Monitoring</td><td>Frequency</td></tr>
<tr><td>FBC, U&E, LFT, Reticulocyte count</td><td>Every 3 months, seek advice from initiating specialist should results be deranged.</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td rowspan="3">7. Pharmaceutical aspects

(including route of administration, formulation, method of administration, legal category)</td><td>Route of administration</td><td>Oral</td></tr>
<tr><td>Formulation</td><td>50mg and 100mg tablets</td></tr>
<tr><td>Legal category</td><td>POM</td></tr>
<tr><td>8. Contraindications

Please note this does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it.</td><td colspan="2">Known hypersensitivity to sulfonamides, sulfones, or any of the excipients; severe anaemia; porphyria; severe glucose-6-phosphate dehydrogenase deficiency.
Dapsone contains lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.</td></tr>
<tr><td>9. Significant Drug Interactions</td><td colspan="2">For a comprehensive list consult the BNF or Summary of Product Characteristics. Seek advice from the initiating specialist if there are any concerns about interactions.

Excretion of dapsone is reduced and plasma concentrations are increased by concurrent administration of probenecid.

Rifampicin has been reported to increase the plasma clearance of dapsone.

Increased dapsone and trimethoprim concentrations have been reported following concurrent administration in AIDs patients.</td></tr>
<tr><td rowspan="3">10. Adverse Effects and management.</td><td>Result</td><td>Action</td></tr>
<tr><td>Haemolysis / Haemolytic anaemia (raised reticulocyte count & bilirubin & possible drop in Hb)</td><td>Seek advice from dermatologist</td></tr>
<tr><td>Abnormal LFTs – AST or ALT > 100U/l</td><td>Stop dapsone and seek advice from dermatologist</td></tr>
</table>

	U&Es	Unexpected deranged results – seek advice from dermatologist
	Methaemoglobinaemia – very rare. Typically presents as breathlessness or blue colour	Stop dapsone immediately & seek immediate medical admission
	Dapsone syndrome (rash, fever & eosinophilia)	Stop dapsone immediately & seek immediate medical admission
	Stevens Johnson syndrome	Stop dapsone immediately & seek immediate medical admission
	Toxic epidermal necrolysis	Stop dapsone immediately & seek immediate medical admission
11. Advice to patient/carers	The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual drugs.	
12. Pregnancy and breastfeeding	Dapsone diffuses into breast milk and there has been a report of haemolytic anaemia in a breast fed infant. While some feel that dapsone should not be used in lactating mothers, in general treatment for leprosy is continued in such patients.	
13. Specialist contact information	See Appendix 2.	
14. Additional information	**Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement must be completed.**	
15. References	1. Summary for Product Characteristics Dapsone Tablets, Accord Healthcare Ltd. Date of revision of text 22/12/2015 accessed 13/4/18 2. British Association of Dermatologists PIL for Dapsone www.bad.org.uk/for-the-public/patient-information-leaflets/dapsone	
16. To be read in conjunction with the following documents	• Policy for shared care • Shared care agreement form	

Appendix 1

Policy for Shared Care

Shared care is only appropriate if it provides an optimum solution for the patient and it meets the criteria outlined in the Shared Care section of the Pan Mersey **Definitions and Criteria for Categorisation of Medicines in the Pan Mersey Formulary** document.

Before prescribing responsibilities are transferred to primary care:

- Prescribing responsibility will only be transferred when the consultant and the patient's GP agree that the patient's condition is stable.
- All information required by the shared care framework for the individual medicine has been provided to the patient's GP.
- Patients will only be referred to the GP once the GP has agreed to the Shared Care Agreement and returned signed copies.

Inherent in any shared care agreement is the understanding that participation is at the discretion of the GP, subject to the availability of sufficient information to support clinical confidence.

Specialist Responsibilities in Shared Care

- To initiate the medicine, prescribing and monitoring toxicity and efficacy as required until the patient is stabilised and reviewed as described by the shared care framework.
- To ensure the patient or their carer is counselled with regard to the medicine.
- To provide any necessary written information to the patient with regard to the individual medicine.
- To be familiar with the shared care framework.
- To provide all information to the patient's GP as required by the shared care framework when prescribing responsibility is initially transferred and at any subsequent times as necessary for safe and effective treatment of the patient.
- To assess the patient regularly as necessary for the duration of therapy as specified in the individual medicine shared care framework.
- To review the patient promptly if required by the GP concerned.
- To meet any additional requirements as required by the individual medicine shared care framework.
- To communicate failure of a patient to attend a routine hospital review and advise the GP of appropriate action to be taken.
- Following the addition of a new drug to an existing regime covered by a Shared Care Agreement, the Specialist must recall the patient for re-titration, stabilisation and

subsequent review and inform the GP of this. A new Shared Care Agreement must then be initiated.

Primary Care Responsibilities in Shared Care

- To reply to a written request for Shared Care within 21 days ensuring both copies of the Shared Care Agreement are signed if appropriate.

If agreeing to shared care, the GP is asked to:

- To provide prescribe or manage and monitor the medicine as advised by the Specialist and in line with the individual Shared Care Framework.
- To review the patient as required by the Shared Care Framework
- To make appropriate and contemporaneous records of prescribing and/or monitoring and to note the existence of the Shared Care Agreement on the patient`s clinical record. A READ code of “6652 Shared Care- Specialist/GP” can be used.
- To be familiar with the individual Shared Care Framework.
- To monitor patient’s general wellbeing.
- To report any adverse effects of treatment to the consultant
- To inform the Specialist of any relevant change in the patient’s circumstances.
- To seek Specialist advice as appropriate.
- To meet any additional requirements as required by the individual Shared Care Framework.
- To respond to Specialist communication relating to any change or addition to the patients treatment covered by the Shared Care Agreement.

Appendix 2: Shared Care Agreement

Dapsone

Request by Specialist Clinician for the patient's GP to enter into a shared care agreement

Part 1
To be signed by Consultant / Prescribing member of Specialist Team

Date _____

Name of patient_____

Address _____

_____

Patient NHS No _____

Patient hospital unit No _____

Diagnosed condition _____

If using addressograph label please attach one to each copy

Dear Dr_____

I request that you prescribe

_____

for the above patient in accordance with the enclosed shared care framework.

Last Prescription Issued: ….. / ….. / ….. Next Supply Due: ….. / ….. / …..

Date of last blood test: ….. / ….. / ….. Date of next blood test: ….. / ….. / …..

Frequency of blood test: ……

I confirm that the patient has been stabilised and reviewed on the above regime in accordance with the Shared Care Framework and Policy. ☐

I confirm that if this is a Shared Care Agreement for a drug indication which is unlicensed or off label, informed consent has been received. N/A

Details of Specialist Clinicians

Name _____Date_____

Consultant / Prescribing member of Specialist Team ***circle or underline as appropriate***

Signature _____

In all cases, please also provide the name and contact details of the Consultant.

When the request for shared care is made by a prescriber who is not the consultant, it is the supervising consultant who takes medico-legal responsibility for the agreement.

Consultant: _____

Contact details*:*

Telephone number: _____Ext:_____

Address for return of documentation _____

_____

_____

Part 2
To be completed by Primary Care Clinician

I agree to prescribe _____for the above patient in accordance with the enclosed shared care framework.

GP signature _____Date _____

GP name _____Please print

GP: *Please sign and return a copy* ***within 21 calendar days*** *to the address above*

OR

GP- If you do not agree to prescribe, please delete the section above and provide any supporting information as appropriate below: