

Hydroxycarbamide

Dermatology / Haematology shared care guideline.

Specialist details

Name: _____
Location: _____
Tel: _____

Patient identifier

Date: _____

Introduction

This shared care guideline refers to the use of hydroxycarbamide in the treatment of dermatological and haematological amber list indications only.

Licensed indications. Myeloproliferative disorders: essential thrombocythaemia and polycythaemia vera, where there is a high risk of thrombo-embolic complications.

Unlicensed indications. Myeloproliferative disorder: myelofibrosis, where there is a high risk of thrombo-embolic complications; sickle cell anaemia. Also a second line modality in the treatment of psoriasis, reserved for cases where other second line agents have failed or are contraindicated.

Adult dosage and administration

Dermatology:

The usual adult dose is 500mg to 2g daily, taken orally either as a single dose, or divided into two doses (morning and evening).

Haematology:

Myeloproliferative disorders: dose is based on the patient's actual or ideal body weight, whichever is the less. Starting dose 15 - 20mg/kg/day. This should be adjusted according to response.

The usual adult dose in Haematology patients is 500mg to 2g daily. Occasionally over the course of each week there is variance in the daily dose, eg. 1.5g Monday / Wednesday / Friday, 1g Tuesday / Thursday / Saturday and Sunday or 500mg daily on five days only of the week. The treatment is taken orally either as a single dose, or divided into two doses (morning and evening).

Available as: hydroxycarbamide 500mg capsules.

Hospital specialist responsibilities

- Assess if the patient is suitable for treatment with hydroxycarbamide.
- Agree shared care with the patient's GP.
- Provide patient/carer with relevant (preferably written) information on use, side-effects and need for monitoring of medication.
- Provide shared care monitoring record booklet if required.
- Undertake Baseline tests as indicated in monitoring table.
- Review results of safety monitoring and request additional tests as required.
- Monitor disease response to treatment and need to continue therapy.
- Continue to review the patient at agreed specified intervals, sending a written summary to the GP whenever the patient is reviewed.
- Provide any other advice or information for the GP including dose adjustments.

Monitoring table		Hospital specialist	GP		Hospital specialist
Test	Indication	Pre-treatment baseline	During treatment		Annual review
			First 6 weeks	Thereafter	
FBC (including DWCC)	Baseline assessment, dose adjustment disease activity scoring	✓	Every week	Every 3 months	As part of annual review or as clinically indicated
LFTs					
U&Es, eGFR					
Uric Acid (Haematology only)					
Ask about oral ulceration, sore throat, unexplained rash or unusual bruising/bleeding		✓	At every consultation		✓
There may be clinical circumstances where the frequency of monitoring may vary and this should be specified by the initiating specialist.					

GP responsibilities

- Prescribe hydroxycarbamide according to dose advised by specialist.
- Arrange and record ongoing monitoring as agreed with specialist: For haematology patients, ongoing monitoring and frequency of monitoring will be confirmed by initiating consultant, otherwise see monitoring table above.
- Ensure practice systems are in place to recall patients for monitoring blood tests.
- Prevent ongoing prescription if patient is not compliant with monitoring. Liaise with specialist if appropriate.
- Report any adverse drug reactions to the initiating specialist and the usual bodies (eg. MHRA/CHM).
- Ensure no drug interactions with other medicines.
- Administer inactivated influenza vaccine annually unless otherwise advised by the initiating specialist.
- Check patient has had ONE DOSE of pneumococcal vaccine (revaccination is not recommended except every five years in patients whose antibody levels are likely to have declined more rapidly eg. asplenia), see BNF or Green Book.
- Passive immunization using varicella immunoglobulin (VZIG) should be considered in non-immune patients if exposed to chickenpox or shingles. Contact Regional Virus Laboratory, Royal Group of Hospitals, duty virologist 07889 086 946 for advice if exposure is suspected. For other queries eg. those concerning exposure, infection or any recommendations relating to healthy susceptible household contacts, consult the Green Book and/or take additional advice from Regional Virus Laboratory, Royal Group of Hospitals.
- Ask about oral ulceration, sore throat, skin ulceration or unusual bruising/bleeding at every consultation.

Withhold hydroxycarbamide and contact specialist if:

- Hb decrease by 30g/L or more
- WCC < 3.5 x 10⁹/L
- Neutrophils < 1 x 10⁹/L
- Platelets < 100 x 10⁹/L
- If renal impairment develops
- Unexplained oral ulceration / sore throat / skin ulceration
- Unexplained bruising / unexplained rash.

Normal reference range may vary slightly between labs.

Results should be recorded in the patient's shared care monitoring record booklet (where in use).

Please note an unusual fall or rise or a consistent downward or upward trend in any value should prompt review of the patient and extra vigilance. Some patients may have abnormal baseline values, specialist will advise.

Adverse effects, precautions and contraindications

Leucopenia, anaemia, and thrombocytopenia. GPs should be alert to any unexplained bruising, bleeding or signs of infection.

Cutaneous vasculitis including vasculitic ulcerations may occur when treating myeloproliferative disorders.

Macrocytosis occurs in almost all patients and may persist for up to one year after stopping therapy.

Common: diarrhoea, constipation.

Rarely: anorexia, nausea, vomiting, headache, drowsiness, dizziness, cutaneous hyperpigmentation. If severe or persistent, refer to the specialist.

Renal dysfunction. Hydroxycarbamide should be used with caution in patients with marked renal dysfunction.

Pregnancy / Contraception. Patients discovered or planning to become pregnant should be referred to the initiating specialist at the earliest opportunity. Female patients must be advised not to conceive whilst receiving hydroxycarbamide. A reliable form of contraception should be used by men and women whilst on hydroxycarbamide. Men should be advised to continue contraception for 3 months following discontinuation of treatment.

Breastfeeding. Patients should not breastfeed whilst receiving hydroxycarbamide.

Cancer risk. Patients receiving hydroxycarbamide are at increased risk of lymphomas and malignancies of the skin; avoiding excessive exposure to the sun and use of high factor sunscreens are advised. Adherence to population screening programmes is particularly important in this population.

Live vaccines. Consult the Green Book and take additional advice from initiating specialist if required.

Common drug interactions

Toxicity may be potentiated by previous / concomitant radiotherapy or cytotoxic therapy.

Clozapine: increased risk of agranulocytosis - avoid concomitant use.

Didanosine and stavudine: increased risk of toxicity - avoid concomitant use.

Communication

For any queries relating to this patient's treatment with hydroxycarbamide, please contact the specialist named at the top of this document.

This information is not inclusive of all prescribing information and potential adverse effects.
Please refer to full prescribing data in the SPC or the BNF

Date prepared: June 2017

Date of review: June 2022