Azathioprine - GP Information

Administration: Oral

Dose
TPMT status should be checked prior to starting treatment.
Usual starting dose 1mg/kg/dy increasing to 2-3mg/kg/dy according to consultant

Time to response: 6 weeks to 3 months

Cautions: Impaired liver function & moderate/severe renal impairment

Monitoring (please enter results on monitoring card)

| FBC | Every 2 weeks until dose stable for 6 weeks |
| LFTs | Then monthly for 3 months |
| U&Es | Then every 12 weeks |

Important drug interactions
1. Allopurinol - requires 25% reduction in dose of azathioprine
2. Febuxostat – possible increased risk of haematotoxicity
3. ACE inhibitors – may cause anaemia
4. Warfarin – anticoagulant effects inhibited. May need to increase dose.

Ensure
1. Sunlight exposure is reduced using sunscreens and protective clothing
2. Avoid live attenuated vaccines
   a) Patients can receive shingles vaccination if dose of azathioprine ≤ 3mg/kg/day.
3. Pneumococcal vaccination and annual influenza vaccination
4. If patients are exposed to chickenpox or shingles please contact the rheumatology department for further advice

In the event of
1. Rash/ mouth ulcers - stop azathioprine
2. Nausea - try anti-emetic or reduction in dose
3. MCV >105 – check serum folate, B12 & TSH and monitor MCV.
4. Abnormal bruising/ severe sore throat – stop and check urgent FBC
5. Serious infection – stop AZA and restart once infection treated
6. Pregnancy and breastfeeding - continue azathioprine

Stop azathioprine if
- WBC < 3.5 x 10^9/L
- Neutrophils < 2.0 x 10^9/l
- ALT/AST > two times normal
- Platelets < 150 x 10^9/l

KJD September 2018                   Review date September 2020
University Hospital | Secretary contact no. | Nurse helpline no.
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Hairmyres | 01355 585322/584821 | 01355 525691
Monklands | 01236 712611 | 01698 366044
Wishaw | 01698 361100 | 01698 366044

If you decide to stop azathioprine please contact us to discuss further management.

Azathioprine - Patient Information

You have been prescribed azathioprine to help control your rheumatic disease. The effects of azathioprine will not be immediate - it may take up to 12 weeks before you start to feel better. If you are taking other medication for your condition, you should continue this unless advised otherwise by your doctor. The dose of this drug will gradually be increased to a target dose which is based on how much you weigh.

Blood tests - monitoring tests are required whilst taking azathioprine, and these can be carried out at the hospital or by your GP.

Vaccinations – you are advised to avoid live vaccines. You should have a pneumococcal vaccination if you have not had one in the last 5 years. You should also have annual flu vaccinations. If you are offered shingles vaccination you may be able to have this if you are on low dose azathioprine.

Problems or side effects you may have while taking azathioprine are usually minor and may include sickness, diarrhoea, loss of appetite or hair loss. However if you develop a sore throat or infection, a skin rash, unexplained bruising or bleeding, or become jaundiced, you should STOP the azathioprine, and contact your doctor as soon as possible.

If you come into contact with chickenpox or shingles you should contact the rheumatology department.

Avoid exposure to strong sunlight, and wear sun cream and clothing to cover your skin, as this will reduce your chance of developing a rash due to the sun, and will protect you against skin cancer.

Pregnancy - Azathioprine can be taken at a dose equivalent to 2 mg per kilogram or less of your body weight. It's important that the mother's health is maintained during pregnancy and disease flares are avoided by not stopping azathioprine. If you're planning a family or become pregnant while taking azathioprine, you should discuss this with your doctor as soon as possible.

Breast feeding - Azathioprine may pass into the breast milk. If you wish to breastfeed you should discuss this with your rheumatology team beforehand, although current guidelines now state that it is safe to continue in this instance.

Alcohol should only be taken in moderation as azathioprine can affect the liver.
If doctors prescribe other medicines for you remind them that you are on azathioprine. Allopurinol, captopril and febuxostat can increase the risk of having a low blood cell count whilst on azathioprine.