



Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath),
Crawley CCG and Horsham & Mid-Sussex CCG

| INFORMATION SHEET – Blue Traffic Light Classification | | | | | |
|---|--------------------------|---|-------------------------|--|--|
| Name of medicine | | Hydroxycarbamide | | | |
| Indication (including whether for adults and/or children) | | For adults with Polycythaemia Vera, Myelofibrosis or Essential Thrombocythaemia | | | |
| PCN policy statement reference (if applicable) | | Not available (original recommendation made in October 2010) | | | |
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| Organisation(s): Royal Surrey County Hospital | | | | | |
| Version: 2 | PCN recommendation date: | 05/2017 | Review date: 01/05/2019 | | |

The information sheet is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface for medicines classified by Prescribing Clinical Network as **BLUE**

BLUE drugs are considered suitable for prescribing in primary care, following initiation and stabilisation by a specialist as ongoing monitoring can be undertaken in primary care without specialist support and WITHOUT the need for a formal shared care guideline.

For each drug classified as blue, the Prescribing Clinical Network will recommend the minimum supply and whether an information sheet is required or not. A minimum of one month supply of medication will be provided by the initiating consultant.

This information sheet sets out the patient pathway relating to this medicine and any information not available in the British National Formulary and manufacturer's Summary of Product Characteristics. Prescribing must be carried out with reference to those publications. A GP or Primary Care Prescriber must ensure they are familiar with the prescribing responsibilities. This information sheet is available on the internet http://pad.res360.net/ forming part of the Prescribing Advisory Database (PAD) giving GPs appropriate advice / guidance and is not required to be sent to the GP with the clinic letter.

RESPONSIBILITIES and ROLES

Consultant / Specialist responsibilities

- 1. To assess the suitability of patient for treatment
- 2. To discuss the aims, benefits and side effects of treatment with the patient and/or carer as well as their role
- 3. Explain to the patient and/or carer the treatment plan including the dosing schedule and request for transfer of
- 4. Baseline monitoring undertaken
- 5. Monitor and evaluate response to treatment, including adverse drug reactions, with the patient and to continue / discontinue treatment in line with agreed treatment plan
- Supply GP with summary of patient review (including anticipated length of treatment) and a copy of any information sheet available
- 7. Advise GP if treatment is to discontinue at any point
- 8. Inform GP if patient does not attend planned follow-up
- Initiate hydroxycarbamide therapy for at least the first 3 months, and prescribe the hydroxycarbamide during the initiation phase of hydroxycarbamide therapy.
- 10. All decisions about dose are taken in secondary care.
- 11. Review patient's condition and monitor the FBC (full blood count) in clinic at 2 4 monthly intervals, according to local practice and individual patient factors.

 Inform the GP of the most recent blood results, and advise the GP on when to adjust the prescribed dose, when to stop prescribing treatment, or to consult with the specialist.
- 12. Ensure that the patient is fully aware of any change in the required hydroxycarbamide dose.

General Practitioner (GP) or Primary Care Prescriber responsibilities

1. Subsequent prescribing of hydroxycarbamide at the dose specified by the specialist. Adjust the prescribed dose as advised by the specialist.

- 2. **No** monitoring of any blood tests required in primary care setting.
- 3. Report adverse events or any other relevant information or concerns to the specialist.

Patient / Carer role

- 1. Informing the specialist team, primary care prescriber or other healthcare professional if he or she has further questions or wants more information about the treatment
- 2. Tell the consultant / specialist or GP or Primary Care Prescriber of any other medication being taken, including over-the-counter products.
- 3. Sharing any concerns about their treatment and problems they are having taking their medicines with the specialist team, primary care prescriber or other healthcare professional involved in their care
- 4. Supported to know how to report any adverse effects to the specialist team, primary care prescriber or other healthcare professional involved in their care, and how adverse effects can be managed
- 5. To be available for monitoring as required
- 6. Attend follow-up appointments with the consultant / specialist

Key information on the medicine

Please refer to the current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Refer to protocol available at: http://stlukescanceralliance.co.uk/wp-content/uploads/2015/10/Hydroxycarbamide-V4-7.14.pdf

Background to disease and use of medicine for the given indication

Hydroxycarbamide is a first line treatment for lowering and managing high counts of abnormal cell lines in blood:

- In essential thrombocythaemia, the aim is to lower the platelet count.
- In polycythaemia vera, the aim is to lower the red blood cell count and the platelet count.
- In myelofibrosis, it is used to reduce the size of the spleen

Indication

Polycythaemia Vera, Myelofibrosis and Essential Thrombocythaemia Specific to approved use in PCN

Dosage and Administration

Refer to protocol available at: http://stlukescanceralliance.co.uk/wp-content/uploads/2015/10/Hydroxycarbamide-V4-7.14.pdf

Expected outcome

ET and PCV: reduced risk of thromboembolic complications Myelofibrosis: reduced symptoms associated with splenomegaly

Monitoring

| Test | Frequency | Abnormal Result | Action if Abnormal Result |
|------|--|---|---|
| FBC | Maximum interval of every 4 months, in stable, responding patients | All dosing decisions made in secondary care | All dosing decisions made in secondary care |
| | | | |

Cautions, contraindications - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Adverse effects - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Drug interactions - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk