Shared Care Medicines FAQs for Community Pharmacists

What are shared care medicines?

These are medicines which must be initiated by a Specialist, and then considered suitable for GPs to continue prescribing, with their agreement. This is referred to as 'shared care' as both the Specialist and GP retain certain clinical responsibilities.

Which medicines are prescribed in primary care under shared care agreements?

West Essex Medicines Optimisation Programme Board has approved shared care agreements for the following medicines with stated indications:

- Methotrexate
- Azathioprine
- Mercaptopurine
- Mycophenolate
- Leflunomide
- Gold
- Ciclosporin
- Sulfasalazine
- Hydroxycarbamide
- Riluzole
- Midodrine
- Fludrocortisone

Please see West Essex CCG website for complete list: Your Health / Medicines Optimisation / Shared Care Medicines
https://westessexccg.nhs.uk/your-health/medicines-optimisation-and-pharmacy/shared-care-medicines

Are all indications covered by the Shared Care Agreement?

No. Each agreement clearly states which indications from each speciality are covered. There needs to be a robust evidence base to support unlicensed indications.

Where can I find a copy of a shared care agreement?

On the West Essex CCG website for those medicines agreed locally and links to other local providers.
https://westessexccg.nhs.uk/your-health/medicines-optimisation-and-pharmacy/shared-care-medicines

What are the monitoring requirements for each medicine?

Each agreement has its own monitoring schedule – please see individual agreements for details. However the Disease Modifying Anti-Inflammatory Drugs (DMARDs) shared care agreements within West Essex have been recently updated in line with the recommendations from the British Rheumatology Society: BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs. This simplifies monitoring of DMARDs within Primary Care such that all long term blood monitoring is 3 monthly with minor exceptions – please see each individual shared care agreement for details.

What are the patient's responsibilities within the shared care agreement?

Will vary for each medicine but general principles are:

- Report to specialist or GP if there is not a clear understanding of their treatment and discuss any concerns in relation to treatment
- Report any adverse effects to their Specialist whilst taking XXX, for example, unexplained bruising/bleeding, fever, infections or mouth ulcers which should be reported immediately.
- Report any changes in disease symptoms to Specialist whilst taking XXX.
- Alert GP and/or specialist of any changes of circumstance which could affect management of disease e.g. plans for pregnancy whilst taking Mycophenolate.
- Inform GP or specialist of any other medicines being taken including over-the-counter products.
- Attend for regular reviews and blood monitoring tests

What are pharmacist's responsibilities when dispensing a shared care medicine?

- Confirm that the patient has received verbal and written patient counselling or information and provide additional counselling should this be required
- Ask to see the patient-held recording document and check if any dose changes have been made since the last prescription issue.
- Consider relevant MRHA and NPSA information

MHRA Drug Safety Update https://www.gov.uk/drug-safety-update
NPSA Patient Safety Alerts http://www.npsa.nhs.uk/

For example
NPSA Patient safety alert 13: Improving compliance with oral methotrexate guidelines

- Ask to see the patient's monitoring booklet and check if any dose changes have been made since the last prescription issue.
- Assess the needs of the individual patient. For example, if the new packaging is not available, patients who have reduced manual dexterity should be given larger containers or ribbed easy-to-grip lids as this could reduce the likelihood of them decanting the tablets into another container at home (Disability Discrimination Act applies).
- The strength of tablet supplied to the patient must stay consistent to prevent any confusion about the number of tablets they need to take, and the patient's monitoring document and Patient Medication Record should be checked to confirm the previous supply.
- Tell the patient their dose in terms of quantity of tablets and weekly frequency. Give the patient a monitoring booklet if they have not already got one.
- Show the patient how to differentiate between the oral methotrexate and folic acid packaging. If they take both medicines at the same time, they will need to know how to distinguish between them, given that both may be round yellow tablets of similar size.
- Be aware of patients who attend with symptoms such as breathlessness, dry persistent cough, vomiting or diarrhoea, as these can be signs of oral methotrexate toxicity or intolerance. You may need to refer them back to the prescriber. It is good practice to maintain a record of any over-the-counter items supplied to the patient.

MHRA Drug Safety Update Dec 2015 Mycophenolate mofetil, mycophenolic acid: new pregnancy-prevention advice for women and men
Mycophenolate mofetil and its active metabolite mycophenolic acid are associated with a high rate of serious birth defects and increased risk of spontaneous abortion.

MHRA Drug Safety Update Jan 2015 Mycophenolate mofetil (CellCept) and mycophenolic acid: risk of hypogammaglobulinaemia and risk of bronchiectasis
Caution if recurrent infections and persistent respiratory symptoms develop