Rituximab – for moderate to severe Rheumatoid Arthritis

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE
This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of Rituximab can be shared between the specialist and general practitioner or non-medical prescriber in primary care (GP). GPs are invited to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In that case, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If a specialist asks the GP to prescribe drugs for this treatment, the GP should reply to this request as soon as practicable.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it. Patients with active rheumatoid arthritis are under regular specialist follow-up. This provides an opportunity to discuss and to monitor drug therapy.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

RESPONSIBILITIES and ROLES

<table>
<thead>
<tr>
<th>Specialist responsibilities</th>
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<tr>
<td>• Initiate (and continue, if responding) treatment with Rituximab.</td>
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<td>• Discuss the benefits and side effects of treatment with the patient and inform GP this has occurred.</td>
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<td>• Ask the GP whether he or she is willing to participate in shared care, and agree with the GP as to who will discuss the shared care arrangement with the patient.</td>
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<td>• Review the patient's condition and monitor response to treatment regularly where indicated.</td>
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<td>• Advise GP if monitoring is needed, and the frequency.</td>
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<td>• Monitor any other parameters considered necessary, or advise GP on which to monitor.</td>
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<td>• Communicate promptly with the GP when treatment is changed or needs to be changed by the GP, any results of the monitoring undertaken, and assessment of adverse events.</td>
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<td>• Have a mechanism in place to receive rapid referral of a patient from the GP in the event of deteriorating clinical condition.</td>
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<td>• Advise GPs on when to stop treatment (if appropriate).</td>
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<td>• Report adverse events to the MHRA via Yellow Card Scheme.</td>
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<td>• Ensure that clear backup arrangements exist for GPs to obtain advice and support.</td>
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General Practitioner responsibilities

- Reply to the request for shared care as soon as practicable.
- Monitor any parameters considered necessary, if agreed with the specialist to do so.
- Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment.
- Refer patient to specialist if his or her condition deteriorates.
- Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises.
- Report adverse events to the specialist and to the MHRA via the Yellow Card Scheme.

Patient’s role

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<td>1</td>
<td>Report to the specialist or GP if he or she does not have a clear understanding of the treatment.</td>
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<td>2</td>
<td>Share any concerns in relation to treatment.</td>
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<td>3</td>
<td>Report any adverse effects to the specialist or GP.</td>
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BACK-UP ADVICE AND SUPPORT

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<tr>
<th>Contact details</th>
<th>Telephone No.</th>
<th>Email address:</th>
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<tbody>
<tr>
<td>Specialist:</td>
<td>01592 648193</td>
<td><a href="mailto:jane@nhs.net">jane@nhs.net</a></td>
</tr>
<tr>
<td>Rheumatology Dept</td>
<td>01592 265967 (fax)</td>
<td><a href="mailto:helen@nhs.net">helen@nhs.net</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:john@nhs.net">john@nhs.net</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:sharon@nhs.net">sharon@nhs.net</a></td>
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SUPPORTING INFORMATION (taken from the SPC)

Licensed indications
Rituximab is currently only licensed for the management of severe rheumatoid arthritis.

Dosage and Administration
Rituximab is given as an intravenous infusion of 1000mg on day 1 and day 15 (one course) within the day intervention unit. Treatment with Rituximab may be repeated, the frequency of which is dependent upon the patient’s response and is on average 6-9 months after the first course of treatment.

Contraindications and precautions for use
- The use of live vaccines with biologic agents is contra-indicated. Other vaccinations (influenza, pneumococcal) – for patients who have not started treatment with Rituximab but are due to do so, then the first dose of Rituximab should not be administered until 4 weeks after the last vaccination.
- Very rare cases of reactivation of hepatitis B have been reported (mostly in patients with Non-Hodgkin's Lymphoma treated with Rituximab in combination with cytotoxic chemotherapy). The patient will be appropriately screened by the rheumatologist as part of the initial decision making process.
• Rituximab must not be used in patients with severe heart failure (NYHA class IV).
• The use of Rituximab maybe associated with an increased risk of Progressive Multifocal Leukoencephalopathy (PML). Patients must be monitored at regular intervals for any new or worsening neurological symptoms or signs that may be suggestive of PML. If PML is suspected, further dosing must be suspended until PML has been excluded.
• The use of Rituximab in pregnant women is not recommended, and women of child-bearing potential should be advised not to get pregnant during Rituximab therapy. They should use effective contraception to prevent pregnancy during therapy and for at least 12 months after discontinuation of therapy. Women must not breast feed during Rituximab therapy or for at least 12 months after Rituximab therapy is discontinued.
• It is also recommended that male partners receiving Rituximab should use effective contraception for the time periods stated above.

Side Effects (also state any specific side-effects which require the consultant to be notified)
• Common: upper respiratory tract infections, urinary tract infections, dyspepsia, parasthesia, headaches, arthralgia, infusion-related reactions (including hypertension, nausea, rash, pyrexia, pruritis, urticaria, throat irritation, hot flush, hypotension).
• Rare: anaphylaxis, anaphylactoid reaction, generalised oedema.

• Patients receiving Rituximab are more susceptible to serious infections.
• **Rituximab can cause leucopenia and neutropenia. Patients who develop a new infection while undergoing treatment with Rituximab should be monitored closely.** Administration of Rituximab should be discontinued if a patient develops a serious infection i.e. one that requires antibiotic therapy. **Antibiotic therapy, where indicated, must be commenced promptly and only once the course completed and the infection has resolved should therapy with Rituximab be re-commenced.**

ALL side effects should be reported to the Rheumatology Department
For a complete list of side effects see BNF/ Summary of product Characteristics.

**Monitoring (State specific monitoring to be undertaken by the GP / Consultant) see FRDU blood monitoring forms (ADTC website)**

**Rheumatologist responsibilities:**
- FBC, liver and renal function are within normal parameters to allow Rituximab to commence.
- Pulmonary fibrosis and latent TB (or active TB) have been excluded.
- Active Infection has been excluded.
- Checked for any risk factors for Hepatitis B and C.
- Ensure immunoglobulin levels are adequate prior to first infusion and from 3rd cycle prior to each further infusion cycle.
- Checked vaccinations are up to date (see above – influenza and pneumococcal)

**General Practitioner responsibilities:**
While taking Rituximab patients require monitoring as per co–prescribed drug which will usually be methotrexate as per license.

**Drug Interactions**
- Avoid concomitant use of live vaccines.

For a complete list of drug interactions please see the BNF / Summary of Product Characteristics.

**Cost (July 2012)**
MabThera concentrate for Intravenous infusion
10mg/ml 10ml vial = £174.63; 50ml vial = £873.15
The cost of Rituximab is met by the Rheumatology service. This product must not be prescribed by GPs.