Sulfasalazine

Traffic light classification- Amber 1
Information sheet for Primary Care Prescribers
Part of the Shared Care Protocol: Management of Rheumatological Conditions with Disease-Modifying Anti Rheumatic Drugs in Adults

Indications[1,2]

Rheumatoid arthritis- licensed.
Sero-negative spondyloarthropathy including psoriatic arthritis- outside of licence (supported by national guidance).

Therapeutic Summary

Sulfasalazine is of proven benefit as a disease modifying agent. Clinical improvement may take up to 3 months[2]. NSAIDs and simple analgesics may need to be continued.
Patient reported adverse effects usually occur early in therapy, but please see explicit criteria for review below.

Products available[1]

Sulfasalazine enteric coated 500mg tablets. Only enteric coated tablets should be used for rheumatological conditions.

Dosages and route of administration[1,2]

Dose initiation and escalation will be determined by secondary care. The usual maintenance dose is 2 - 3 grams per day in divided doses. Tablets should not be crushed or broken.

Duration of treatment[2]

All DMARDs are long term treatments. Onset of effect is slow and a marked effect may not be seen for up to 3 months.

Monitoring Requirements and Responsibilities[2]

Pre-treatment assessment to be performed by the specialist and will include:

- FBC, U&Es, LFTs.

Ongoing monitoring

Time period in treatment	Frequency of monitoring	Tests to be done		
		FBC	LFTs	U&Es
0-6 weeks	Fortnightly	✓	✓	✓
6 weeks – 3 months	Monthly	✓	✓	✓
>3 months and < 2 years and stable dose for 6 weeks	3 monthly*	✓	✓	✓
➢ 2 years	May be discontinued			
Any dose increase	2 weeks post dose increase then revert to above protocol	✓	✓	✓

- Patients should report the presence of any rash or oral ulceration.
- GP to assess and manage cardiovascular risk factors – patient at higher risk of cardiovascular events due to rheumatological disease activity.
- Routine influenza and pneumococcal vaccines are highly recommended.
- No additional monitoring requirements are required in primary care for patients receiving additional biological therapy including anti- TNF therapy.

Explicit criteria for review and discontinuation of the medicine[2] –Other benchmark values may be set by secondary care in specific clinical circumstances.
This will be communicated by secondary care.

Adverse Event	Action
WBC <3.5x10^9/l	Withhold until discussed with rheumatology specialist team.
Neutrophils <2x10^9/l	Withhold until discussed with rheumatology specialist team.
Platelets <150x10^9/l	Withhold until discussed with rheumatology specialist team.
AST / ALT>twice upper limit of reference range	Withhold until discussed with rheumatology specialist team.
Nausea/dizziness/headache	If possible continue. May have to reduce dose or stop if symptoms severe. Discuss with rheumatology specialist team.
Abnormal bruising or severe sore throat	Check FBC immediately and withhold until results available. Discuss with rheumatology specialist team, if necessary.
Unexplained acute widespread rash	Withhold seek urgent specialist (preferably dermatological) advice.
Oral ulceration	Withhold until discussed with rheumatology specialist team.

In addition to absolute values for haematological or biochemical indices a rapid fall or rise or consistent downward or upward trend in any value should prompt caution and extra vigilance.

For a full list of Side Effects refer to the BNF or Summary of Product Characteristics

IF YOU ARE IN ANY DOUBT ABOUT ANY POTENTIAL ADVERSE REACTION, PLEASE CONTACT THE RHEUMATOLOGY SPECIALIST TEAM.

Relevant contraindications[1,2]

- Patients with a known hypersensitivity to sulfasalazine, its metabolites or any of the excipients as well as sulphonamides / co-trimoxazole, aspirin or celecoxib.
- Patients with porphyria.

Relevant precautions[1,2,3,4]

- Pregnancy and breast feeding- discuss with rheumatologist. Sulfasalazine has been safely used in pregnancy but a folic acid supplement of 5mg/ day should be prescribed to those trying to conceive and during pregnancy. Small amounts of the medicine may be excreted in breast milk although these are not thought to be a risk to a healthy, term infant.
- Sulfasalazine can be prescribed to men of childbearing potential although there may be transient reversible oligospermia and infertility. Pregnancy may still occur and contraception is needed.
- Sulfasalazine may cause yellow-orange discoloration of urine and other body fluids and staining of soft contact lenses.
- Renal impairment. In patients with moderate to severe renal impairment, toxicity includes increased risk of crystalluria and kidney stone formation – ensure high fluid intake.

Clinically relevant medicine interactions are uncommon[1,2,5]

- Cardiac glycosides – possibly reduces absorption of digoxin.

For a full list of contraindications, precautions and drug interactions refer to the BNF or Summary of Product Characteristics.

Information given to patient

- Patients should be advised to report any unexplained bleeding, bruising, purpura, sore throat, fever or malaise.
- The patient will also be given an approved drug information leaflet from Arthritis Research UK. Further copies available at www.arthritisresearchuk.org.

Patient's roles and responsibilities

The patient will:

- Take their medication as agreed, unless otherwise instructed by an appropriate healthcare professional.
- Attend for regular blood tests and all follow-up appointments with GP and specialist. If they are unable to attend any appointments they should inform the relevant practitioner as soon as possible and arrange an alternative appointment.
- Inform all healthcare professionals of their current medication prior to receiving any new prescribed or over-the-counter medication.
- Report all suspected adverse reactions (as above) to medicines to their GP.
- Store their medication securely away from children.
- Read the information supplied by their GP, specialist and pharmacist and contact the relevant practitioner if they do not understand any of the information given.

References

1. Salazopyrin EN – Pfizer Ltd. Summary of Product Characteristics [15/10/19] on Electronic Medicines Compendium: (accessed on 15/10/2019) via www.medicines.org.uk/emc.
2. Ledingham J, Gillick N, Irving K. et al. (2017) BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs. Rheumatology doi:10.1093/rheumatology/kew149
3. BNF online (accessed on 22/06/2020)
4. Ashley C, and Currie A [Eds]. The Renal Drug Handbook [3rd edition] Oxford: Radcliffe Publishing Ltd [2009].
5. Baxter K (ed), Stockley's Drug Interactions. [online] London: Pharmaceutical Press accessed via www.medicinescomplete.com (accessed on 22/06/2020)