

## Hydroxycarbamide (Hydroxyurea) Shared Care Guidelines

**Dr Gavin Campbell**  
**Dr Mike Hamblin**  
**Dr Marion Wood**  
**Dr Sudhakar Makkuni**  
**Dr Maha Mohan**  
**Consultant Haematologists**

**Joanne Tonkin**  
**Nurse Consultant Haematology**

**Patient Details**

  
  
  
  
  
  
  
  
  
  

**Date:**

### Introduction

**Indication:** Used for the management of haematological myeloproliferative disorders including: Essential Thrombocythaemia, Chronic Myeloid Leukaemia, Primary Proliferative Polycythaemia (Polycythaemia Vera), Myelofibrosis, & Unclassified myeloproliferative disorders

**Adult dosage and administration:** Typical doses range from 500mg to 3000mg daily. A small number of patients may require alternate day dosing. Doses are adjusted to clinical response and will be provided in writing by the reviewing consultant or nurse consultant.

Allopurinol may be co-prescribed for the first 1-2 months. Patients with Essential Thrombocythaemia may also be prescribed Aspirin 75mg daily.

### Hospital Specialist Responsibilities

- Initiate the treatment, and request GP take on shared care after 3 months if patient is stable.
- Advise the GP (in writing) of any dose modifications required.
- Provide patient/carer with relevant written information on use, side-effects and need for monitoring of medication
- Provide patients with a copy of each GP letter to confirm dose advice given via the telephone.
- Baseline tests: **FBC, LFT, U&E, B12, Folate and Ferritin and Uric Acid**
- Arrange blood tests (can be taken in primary care, but must be acted on by secondary care) and dose titration
- Review results of safety monitoring and request additional tests as required.
- Disease monitoring – response to treatment and need to continue therapy
- Continue to review the patient at 3 monthly intervals, sending a written summary to the GP whenever the patient is reviewed, including the current dose to be prescribed
- Provide any other advice or information for the GP if required
- Identify and report adverse events to the MHRA
- Ensure no drug interactions with other medicines

**GP Responsibilities**

- After stabilisation in secondary care, prescribe hydroxycarbamide as per the written dosage supplied by the hospital specialist
- Administer influenza vaccine annually
- Check the patient has had one dose of pneumococcal vaccine (re-vaccination is not recommended, except in the case of splenic dysfunction or chronic renal disease) – See Green Book
- Passive immunisation using Varicella immunoglobulin (VZIG) should be considered in non-immune patients if exposed to chicken pox or shingles. Contact virology for advice if exposure is suspected
- Ask about oral ulceration/sore throats or unusual bruising at every consultation. If present arrange urgent FBC

**Urgently contact the specialist if:**

- Hb decrease by 3g/l
- WBC < 4 x10<sup>9</sup>cells/l
- Neutrophils < 1 x10<sup>9</sup>cells/l
- Platelets < 100 x10<sup>9</sup>cells/l

**Please note: a rapidly increasing or decreasing trend in any values should prompt caution and extra vigilance.**

**Adverse Effects, Precautions and Contraindications**

**Leucopenia, anaemia, and thrombocytopenia:** GPs should be alert to any unexplained bruising or bleeding.

**Macrocytosis** occurs in almost all patients and may persist for up to one year after stopping therapy

**Renal dysfunction:** Hydroxycarbamide should be used with caution in patients with marked renal dysfunction. Dose modifications will be advised by the specialist.

**Hepatic:** Raised bilirubin reported but no evidence of irreversible liver damage of fibrosis.

**Hyperuricaemia:** Gout may be precipitated. Maintain high fluid intake.

**Leg ulcers.** The specialist should be advised if patients develop signs of leg ulcers and alternative treatment will be considered.

**Pregnancy / Contraception.** Female patients **must** be advised not to conceive whilst receiving hydroxycarbamide. A reliable form of contraception should be used by men and women whilst on hydroxycarbamide (and for men for 3 months after stopping hydroxycarbamide)..

**Breastfeeding:** Patients should not breastfeed whilst receiving hydroxycarbamide.

**Vaccines.** Live vaccines should be avoided by patients receiving hydroxycarbamide.

**Skin Cancer:** has also been reported in patients receiving long-term hydroxycarbamide. Patients should be advised to protect skin from sun exposure, conduct self-inspection of the skin and be screened for secondary malignancies during routine follow-up visits.

**Flu like symptoms:** reported in the first 6 weeks in up to 10% of patients

**Rarely:** anorexia, nausea, vomiting, diarrhoea, headache, drowsiness, dizziness, cutaneous hyperpigmentation. If severe or persistent, refer to the specialist.

<b>Common Drug interactions</b>	Patients receiving clozapine are at increased risk of agranulocytosis. Toxicity may be potentiated by previous or concomitant radiotherapy or cytotoxic therapy. Patients should not be receiving anti-retroviral therapy containing didanosine and/or Stavudine.
<b>Communication</b>	<p>For any queries relating to this patient's treatment with hydroxycarbamide, please contact the specialist named at the top of this document.</p> <p>This document can not be inclusive of all prescribing information and potential adverse effects. Full prescribing information is available in the summary of product characteristics.</p> <p>Based on the <a href="#">Northern Ireland Interface Pharmacist Network's Dermatology Shared Care Guidelines for Hydroxycarbamide (2011)</a>. <a href="#">York and Scarborough Hydroxycarbamide for Haematological conditions (adults) shared care guideline (June 2013)</a>.</p>

Juliet Mills  
Clinical Nurse Specialist  
Haematology  
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**APPROVED BY:**  
**REVIEW BY:**  
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**AUTHOR: Juliet Mills**