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<b>Which Principles of the NHS Constitution Apply?</b> Please list from principles 1-7 which apply 1-7 <a href="#">Principles</a>		<b>Which Staff Pledges of the NHS Constitution Apply?</b> Please list from staff pledges 1-7 which apply 1-7 <a href="#">Staff Pledges</a>	
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# SHARED CARE GUIDELINE

Drug: HYDROXYCARBAMIDE (Hydroxyurea) for Haematological Conditions

<p><b>Introduction</b></p>	<p><b>Indication:</b> Used for the management of haematological myeloproliferative disorders including:</p> <ul style="list-style-type: none"> <li>• Essential thrombocythaemia</li> <li>• Chronic myeloid leukaemia</li> <li>• Primary proliferative polycythaemia (polycythaemia vera)</li> <li>• Myelofibrosis</li> <li>• Unclassified myeloproliferative disorders</li> </ul>
<p><b>Dosage &amp; Administration</b></p>	<ul style="list-style-type: none"> <li>• Hydroxycarbamide is available as 0.5g capsules</li> <li>• Starting doses are typically 0.5g or 1.0g daily and subsequent dosing is determined by the FBC, typically ranging from 0.5g – 2.0g daily. It is common for the dose to vary according to the day of the week.</li> <li>• Most patients require several dose adjustments in the first months of treatment and then fewer adjustments subsequently. The hospital will initiate treatment and will generally provide at least 6 weeks' supply, or longer if necessary to confirm that the medication is effective, tolerated and likely to be continued. The hospital team will inform the GP when they wish them to take over prescribing.</li> </ul>
<p><b>Secondary Care Responsibilities</b></p>	<ol style="list-style-type: none"> <li>1. Initiate the hydroxycarbamide treatment, and advise the GP (in writing) of any dose modifications required.</li> <li>2. Arrange shared care with patient's GP once a stable dose has been achieved after a minimum of 6 weeks.</li> <li>3. Provide patient/carer with relevant written information on use, side effects and need for monitoring of medication.</li> <li>4. Baseline tests: FBC, LFT, U&amp;E.</li> <li>5. Review results of safety monitoring and request additional tests as required.</li> <li>6. Disease monitoring – response to treatment and need to continue therapy.</li> <li>7. Continue to review the patient at agreed specified intervals, sending a written summary to the GP whenever the patient is reviewed, including the current dose to be prescribed.</li> <li>8. Provide any other advice or information for the GP if required.</li> </ol>
<p><b>Primary Care Responsibilities</b></p>	<ol style="list-style-type: none"> <li>1. Prescribe hydroxycarbamide as per the written dosage supplied by the hospital specialist.</li> <li>2. Arrange and record ongoing monitoring as agreed with specialist (some specialists may choose to arrange their own monitoring instead).</li> <li>3. Identify and report adverse events to the specialist and the MHRA.</li> <li>4. Ensure no drug interactions with other medicines.</li> <li>5. Administer influenza vaccine annually.</li> <li>6. Check the patient as had one dose of pneumococcal vaccine (re-vaccination is not recommended) – see BNF.</li> </ol>

	<p>7. Passive immunization using Varicella-Zoster immunoglobulin (VZIG) should be considered in non-immune patients if exposed to chickenpox or shingles. Contact virology for advice if exposure is suspected.</p> <p>8. Ask about oral ulceration/sore throats or unusual bruising at every consultation. If present, arrange urgent FBC.</p>
<p><b>Monitoring Required in Primary Care</b></p>	<ul style="list-style-type: none"> <li>FBC – weekly for 6 weeks, reduce to a minimum of once every 3 months for the duration of therapy (in line with advice from specialist)</li> <li>If MCV is greater than 105fl – B<sub>12</sub> and folate should be checked</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Urgently contact the specialist if (if unable to contact the specialist advise the patient to withhold treatment):</b></p> <p><b>Hb</b>                      <b>decreases by 3g/dL</b></p> <p><b>WCC</b>                    <b>less than 4 x 10<sup>9</sup>/L</b></p> <p><b>Neutrophils</b>        <b>less than 1 x 10<sup>9</sup>/L</b></p> <p><b>Platelets</b>            <b>less than 100 x 10<sup>9</sup>/L</b></p> </div>
<p><b>Adverse Effects</b></p>	<p><b>Leucopenia, anaemia and thrombocytopenia:</b> GPs should be alert to any unexplained bruising or bleeding.</p> <p><b>Macrocytosis</b> occurs in almost all patients and may persist for up to one year after stopping therapy.</p> <p><b>Rarely:</b> anorexia, nausea, vomiting, diarrhoea, stomatitis, headache, drowsiness, dizziness, cutaneous hyperpigmentation, skin ulcers. If severe or persistent, refer to hospital.</p> <p><b>Renal dysfunction:</b> hydroxycarbamide should be used with caution in patients with marked renal dysfunction.</p>
<p><b>Common Drug Interactions</b></p>	<p>No significant drug interactions. 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.</p>
<p><b>Cautions &amp; Contraindications</b></p>	<p><b>Pregnancy/contraception:</b> 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 at least 3 months afterwards.</p> <p><b>Breastfeeding:</b> women should not breastfeed whilst receiving hydroxycarbamide.</p> <p><b>Live vaccines</b> should be avoided by patients receiving hydroxycarbamide.</p> <p>Hydroxycarbamide should be used with caution in patients with:</p> <ul style="list-style-type: none"> <li>❖ Myelosuppression (reduced dose may be required)</li> <li>❖ Renal impairment (reduced dose may be required)</li> <li>❖ Skin ulceration</li> </ul> <p>Patients should be advised to protect their skin from sunlight and should maintain a good fluid intake</p>

**This guidance does not replace the SPC's, which should be read in conjunction with this guidance.**

**References:**

<https://www.medicinescomplete.com/#!/content/bnf/266488402?hspl=hydroxycarbamide>

<https://www.medicines.org.uk/emc/product/254/smpc>

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