Appendix 9:  Using Thiopurines

Thiopurines in IBD: Guideline

Checklist before commencing Azathioprine
- Review past immunosuppressive therapy
- Review current immunosuppressive therapy
- Review side-effects profile
- Give Information Sheet
- Check patient’s weight
- Check TPMT level

Baseline Tests
- Full blood count
- Liver chemistry

Dosage schedule
- Azathioprine given once daily in morning
- Starting dosage in TPMT sufficient: 12.5 mg (if < 25 kg), 25 mg (25-50 kg) or 50 mg (>50 kg)
- After review of 2 sets of blood results, increase dose to 2.0 - 2.5 mg/kg/day (max dose of 200mg/day)
- Consider readjusting dose for growth over time
- If TPMT level in heterozygote range, commence Azathioprine at half the above dose
- If TPMT level suggestive of homozygous deficiency, avoid azathioprine/6MP

Monitoring
- FBC and Transaminases
- After 1, 2, 4, 8, and 12 weeks of starting Azathioprine
Every three months there-after
Bloods locally or at Paediatrics
If done locally, request that results faxed urgently
Ensure results reviewed

6MMP and TGN
Measure after at least 8 weeks on full dose
Re-measure 4 weeks after any subsequent dose change
Consider repeating every 12 months
Consider measuring if concerns about compliance
Aim for TGN > 235 for efficacy

High TGN levels may be associated with myelosuppression
High 6MMP levels may be associated with hepatotoxicity

Amylase and Lipase
Routine measurement NOT indicated
Only measure if concerns of possible pancreatitis

NOTE: 6-MP may sometimes used instead of Azathioprine. When using 6MP, a similar regimen can be followed, except that the usual expected dose of 6-MP is 1.5 mg/kg/day (with daily doses about half of that for Azathioprine).
Thiopurine Checklist

Patient Sticker here

Initiation of Azathioprine/6-MP

Weight: ____________________
TPMT level: ____________________
Initial Dosage: ____________________
Subsequent dosage: ____________________

Monitoring:

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<tr>
<th>Date</th>
<th>Results viewed</th>
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