Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS Trust and Oxfordshire Health NHS Foundation Trust
Shared Care Protocol and Information for GPs

Shared Care Guideline for the Prescribing of Pentoxifylline for the treatment of Venous Leg Ulcers

This shared care guideline provides the necessary information and guidance for the shared care of adult patients requiring pentoxifylline therapy for the treatment of a venous leg ulcer.

This shared care agreement states how prescribing and monitoring responsibilities can be shared between the specialist and primary care. Shared care should only take place when all parties, including the patient and/or parent/guardian agree. A GP should only take on the prescribing if he/she has been provided with all the necessary information from the specialist and feels that it was within his/her competency to do so. APCO have agreed that if these conditions are met then this medicine is suitable for shared care under this protocol.

Summary: this Shared Care guideline enables the initiation of pentoxifylline tablets by a specialist clinician (including Tissue Viability Nurses employed by Oxford Health NHS Foundation Trust) and allows this to be continued to by GPs when appropriate.

Background: The prevalence of leg ulcer in the population increases with age and approximately 70% of leg ulcers are venous in origin with a prevalence of venous ulcers ranges from 0.62/1000 to 1.6/1000.
Compression therapy is the treatment of choice for healing venous ulcers. However, despite the use of compression, a proportion of venous ulcers remain unhealed and therapies additional to compression may be beneficial.
Pentoxifylline is known to influence microcirculatory blood flow and oxygenation of ischaemic tissues, although the actual mechanism of action is uncertain.

The use of pentoxifylline in the treatment of venous leg ulcers is an unlicensed indication

A cochrane data base from December 2012 concluded that 'on the basis of current evidence pentoxifylline appears to be an effective treatment for venous leg ulcers, either as an adjuvant to compression, or alone where compression cannot be used. Most side effects were gastrointestinal effects, and were tolerated by participants'

Indications: The use of pentoxifylline is requested for patients with venous leg ulceration (or in which venous hypertension has been shown to be a significant contributing factor) but that fail to heal after 3 months of appropriate compression bandaging. This will include patients with mixed aetiology ulceration; patients with venous ulceration that are unable to tolerate compression bandaging and patients with recurring lesions related to venous hypertension e.g. atrophie blanche with ulceration

Prescribing Information:
Pentoxifylline 400mg tds will be prescribed initially for 3 months after which time the patient will be assessed as to whether the treatment has been successful. It may be recommended for the treatment to continue for a further 3 months or discontinued if there is no progress.

Some patients are likely to need long term treatment, this will be made clear by the specialist clinician.

Cautions:
Pentoxifylline should be used in caution in patients who have hypotension, coronary artery disease and avoided in acute porphyria;

Contra-indications:
cerebral haemorrhage, extensive retinal haemorrhage, acute myocardial infarction, severe cardiac arrhythmias
Hepatic impairment:
manufacturer advises reduce dose in severe impairment
Renal impairment:
reduce dose by 30–50% if eGFR less than 30 mL/minute/1.73 m^2
Pregnancy:
manufacturer advises avoid—no information available
Drug Interactions: (refer also to BNF or SPC; include significance of interaction)
Possible increased risk of bleeding when pentoxifylline is given with NSAIDs and pentoxifylline increases the plasma concentration of theophylline.

Patient Information Leaflet
Patients and/or parents/guardians should be supplied with an information leaflet from the manufacturer and/or the specialist team.

Shared Care Responsibilities
Shared care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient and/or parent/guardian and accepted by them. Patients should be under regular follow-up which provides an opportunity to discuss drug therapy.
a) Aspects of care for which the specialist is responsible:
- Clinical assessment and investigation of ulcer to confirm diagnosis
- Write to the GP requesting shared care and outline shared care protocol criteria.
- Liaise with GP regarding changes in disease management, drug dose, missed clinic appointments.
- Ensure clinical supervision of the patient is done by follow-up as appropriate.
- Ensure the patient and/or parent/guardian understands the nature and complications of drug therapy and their role in reporting adverse effects promptly.
- Provide clear instruction to GP on when therapy needs to be referred back to specialist.
- Be available to give advice to GP and patient and/or parent/guardian.

b) Aspects of care for which the GP is responsible:
- Prescribe pentoxifylline according to the written protocol provided
- Advise the Hospital Consultant of any clinical changes or adverse effects where appropriate.
- Monitor for adverse effects as detailed above.

c) Aspects of care for which the Patient and/or Parent/Guardian is responsible:
- Report any adverse effects to their GP and/or specialist
- Attend for regular monitoring as outlined in patient information leaflet.

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Annual Cost of Medicine in Primary Care:

1-2 patients per month (24 pa) advised to start pentoxyphylline
Expected duration 6-12 months
Approximate proposed cost = £4200