Patients suffering from rheumatic conditions are prescribed biological agents and disease modifying anti-rheumatic drugs which are sometimes administered in complex dosage regimens. Shared care guidelines assist healthcare professionals and patients in clinical decision making, allowing the seamless transfer of patient treatment, management and pharmaceutical care. In Malta, rheumatology patients pick up their chronic medication supply free of charge from a community pharmacy of their choice. Shared Care Models are designed to support communication and coordination between primary and secondary settings.

**INTRODUCTION**

**METHOD**

- **Phase 1** Identification of Rheumatology drugs necessitating the development of MRSCGs (Table 3)
- **Phase 2** Literature Review of International Shared Care Guidelines, Protocols, Agreements
- **Phase 3** Development of Infliximab, Methotrexate, Hydroxychloroquine, and Azathioprine MRSCGs
- **Phase 4** Quantitative data collection through dissemination of questionnaire to expert panel (n=10)
- **Phase 5** Development of Etanercept and Leflunomide MRSCGs based on recommended amendments by expert panel
- **Phase 6** Qualitative data collection through 3 semi-structured interviews

**RESULTS**

The MRSCGs consist of 3 main sections:

- **Section A:** Outlines the pharmacological background of the drug, indications, dosage and administration.
- **Section B:** Defines the associated responsibilities of the medical rheumatology team, general practitioner (GP), community pharmacist and the patient.
- **Section C:** Consists of appendices for clinical particulars, monitoring and dosage worksheets, and referral checklists including Shared Care request form, GP confirmation of acceptance, and Pharmaceutical Care Documentation Sheet.

All members of the expert panel (n=10) agreed that:

- i. The Community pharmacist who is dispensing the rheumatology medications is part of the extended healthcare team.
- ii. Communication with community pharmacists needs to be improved and this was addressed through the design of a Shared Care Details Sheet.
- iii. The guidelines are an innovative tool and agreed that if these are available, they would participate in shared care.

**CONCLUSION**

The MRSCGs will be subjected for sanctioning within the clinical scenario through the Pharmacy and Therapeutics (P&T) Committee at Mater Dei Hospital. Willingness of healthcare professionals to participate in Shared Care was positive supporting the implementation of a Shared Care Model for rheumatic conditions.

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**REFERENCES**