Shared Care Guideline: *Hydroxychloroquine*

County Durham and Darlington NHS
NHS Foundation Trust

NHS
County Durham and Darlington
Area Prescribing Committee

Overview	This is a disease modifying anti-rheumatic drug, but is not immunosuppressive
Indication	Licensed • Rheumatoid arthritis • Discoid lupus erythematosus • Systemic lupus erythematosus • Photodermatosis Unlicensed • Connective tissue disorders • Lichen planus
Dose	200mg to 400mg daily. Maximum dose 6.5mg/kg/day (calculated from **ideal** body weight). Ideal body weight – Devine formula: • male = 50 + (2.3 x every inch over 5 ft) • female = 45.5 + (2.3 x every inch over 5 ft) Calculation of dose from actual body weight could result in overdose in obese patients. 1 inch is equal to 2.54cm. Minimum effective dose should be used. **Note that dose reduction is required in stage 3, 4 and 5 Chronic Kidney Disease (see cautions section)**
Specialist's Responsibilities	**Initial investigations:** Full Blood Count (FBC), calculated Creatinine clearance (CrCl)/ estimated Glomerular Filtration Rate (eGFR), Liver Function Tests (LFTs), Erythrocyte Sedimentation Rate (ESR) /C-Reactive Protein(CRP), weight and height To inform patient of the need for a review by optometrist within ONE year of initiation of treatment and then annually thereafter. Patients are informed of this by the hospital and it is their responsibility to make the appointment for an eye test **Initial prescribing until stable:** **Prescribing responsibility to stay with the specialist until patient has been on a stable dose for at least 6 weeks at which point shared care is requested.** Specialist to issue a prescription for enough medication to last until shared care is accepted by GP. This will usually be a minimum of 28 days. **Communication and Documentation to GP:** • Obtaining agreement of GP to participate in shared-care arrangement for hydroxychloroquine therapy. This will be by sending a completed copy of the shared care request letter (appendix 1) to the GP • Prompt communication with the GP regarding the patient's progress, any reassessment and changes in treatment. • Provide additional information and advice to the GP on actions he/she may need to take e.g. on dosage adjustment, other changes in therapy and management of adverse effects, as required. Patient should be advised to report any visual disturbance, particularly problems whilst reading, problems with vision at night and issues with colour vision.

GP's Responsibilities	**Maintenance prescription:** • Prescribe hydroxychloroquine in accordance with the specialist's recommendations as outlined in the shared care request letter **Clinical monitoring:** Continue to monitor patient in line with this shared care agreement and referral letter from specialist **Criteria Requiring Specialist contact:** • Intolerance of drugs • Communications failure **Documentation to specialist:** • Accepting or rejecting request for shared care within 28 days, if rejecting please state concerns and reasons Blood results to specialist via use of patient-held record.
Clinical Monitoring	No routine blood monitoring is required Annual review at which patient should be asked about their vision Patients should be reviewed after 5 years of treatment, or 1000g of total dose, as this increases the incidence of ocular side-effects.
Safety Monitoring	Please refer to Summary of Product Characteristics (SPC) or BNF /eBNF for full details of adverse effects, contraindications, cautions and drug interactions. The patient is advised to have an annual eye check up at the optometrist. They are informed of this by the hospital and it is their responsibility to make the appointment. Patient should also be advised to report any visual disturbance.
Adverse Events	Some adverse effects include the following (note list is not exhaustive) • Bone marrow suppression characterised by sore throat, infection, fever, malaise, cough, unexplained bruising or bleeding, fatigue, hypotension/ hypertension, myalgia, dizziness and rash • GI side effects including Nausea, vomiting and diarrhoea • Ocular effects including, retinopathy, corneal changes and blurred vision • Pruritis • Alopecia • Cardiomyopathy All suspected serious reactions should be reported to the specialist and the MHRA
Contra-indications	• Known hypersensitivity to hydroxychloroquine • Pre-existing maculopathy of the eye.

Cautions	• Concurrent treatment with medications which may cause adverse ocular or skin reactions
	• Chronic Kidney Disease
	  ○ Stage 3 - use 75% of recommended dose
	  ○ Stage 4 - use 25 to 50% of recommended dose
	  ○ Stage 5 – use 25% of recommended dose
	• Liver Disease
	• Severe gastrointestinal, neurological or blood disorders
	• Known sensitivity to quinine
	• G6PD deficiency
	• Patients with porphyria
	• Patients with psoriasis
	• Tinnitus

Drug Interactions	• Digoxin -increased plasma level of digoxin • Aminoglycoside antibiotics - effect of hydroxychloroquine possibly potentiated • Cimetidine - possible increased plasma level of hydroxychloroquine • Antacids reduce absorption of hydroxychloroquine • Effects of hypoglycaemic treatments may be enhanced by hydroxychloroquine. A reduction in dose of insulin or other anti-diabetic drugs may be required.
Other Information	**Fertility, Pregnancy and Breastfeeding** • Hydroxychloroquine has been used relatively safely in pregnancy. The risk of stopping treatment should be weighed against the small possible risk to the unborn child. • Breast feeding is advocated by the British Society for Rheumatology (BSR) • Men should not be encouraged to stop treatment when trying to conceive as supported by the BSR • More information on use of hydroxychloroquine in pregnancy and breastfeeding can be found on the BSR website **https://www.guidelines.co.uk/BSR/RA-in-pregnancy-and breastfeeding/252703.article**
Contact Details	Thank you for sharing the care of this patient. If you have any concerns or queries, please contact the Consultant, secretary or call the appropriate helpline below. UHND Rheumatology Helpline: 0191 3332763 DMH Rheumatology Helpline: 01325 743881 Note : there is no dedicated Dermatology Helpline

Department of …….
County Durham and Darlington Foundation Trust

GP name
GP address

Dear Dr ……

Request for Shared Care of HYDROXYCHLOROQUINE **Date:**

Re: Patient's name DOB:
Address Hospital Number:

This patient has been prescribed **Hydroxychloroquine via the ORAL route** for the management of

□ Rheumatoid arthritis
□Connective Tissue Disorder (unlicensed)
□ Lichen Planus (unlicensed)
□ Discoid Lupus Erythematosus
□ Systemic Lupus Erythematosus
□ Photodermatitis

The patients' current dose is ……per day

The patient was commenced on this drug on ……..and has been stable on the current dose since ……

I would now like to ask you to take over the responsibility for prescribing this medication for this patient, as agreed by your CCGs and the Area Prescribing Committee.

There I no routine monitoring associated with this drug.

The patient has been advised to have an annual eye check up at the optometrist and it is their responsibility to make the appointment.

The patient has also been advised to report any visual disturbance to their GP or ophthalmologist.

There is no specific blood monitoring required however, this is the patient specific monitoring for this patient
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This is part of the shared care guideline approved by the Area Prescribing Committee, available at http://medicines.necsu.nhs.uk/guidelines/durham-darlington/.

The patient will remain under regular clinical review by his or her usual consultant/ specialist nurse as described in the shared care agreement.

Please send back the second part of this letter, with 28 days, so we know that we have your agreement to this arrangement. If you are not happy to accept this patient or have any concerns, then please contact my secretary as soon as practically possible

Yours sincerely

Consultant name

Contact details

GP Agreement

Patient's Name:
DOB:
Hospital No:

I agree to take over the prescribing and monitoring of Hydroxychloroquine in line with the approved shared care document as found at
http://medicines.necsu.nhs.uk/guidelines/durham-darlington/

Dose to be prescribed ……..

Dated ……/……/

Signed: …….

GP's Name:

GP contact details

Please return to Consultant's secretary. You may wish to keep a copy for your records.