



NHS South of Tyne and Wear

serving Gateshead Primary Care Trust, South Tyneside Primary Care Trust and
Sunderland Teaching Primary Care Trust

SHARED CARE GUIDELINE

For

Hydroxychloroquine for the Management of mild, chronic inflammation, polyarthritis, SLE associated musculoskeletal and skin manifestations, palindromic arthritis and as an adjunct to other DMARDs.

Implementation Date: 5th October 2010

Review Date: 12th June 2012

This guidance has been prepared and approved for use within Gateshead, South Tyneside and Sunderland in consultation with Primary and Secondary Care Trusts and Local Medical Committees.

The guideline sets out the details of the transfer of prescribing and respective responsibilities of GPs and specialist services within shared care prescribing arrangements. It is intended to provide sufficient information to allow GPs to prescribe these treatments within a shared care setting

Further copies are available from

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Approved by:

Committee	Date
Gateshead Medicines Management Committee	
South Tyneside Prescribing Committee	
Sunderland Primary Care Prescribing Group	
South of Tyne and Wear Medicines Management Committee	5.10.2010

Name of drug:	Hydroxychloroquine	Form and strength:	Tablets 200mg
Brand name:	Plaquenil	BNF Code:	10.1.3
Conditions(s) to be treated	Hydroxychloroquine is given for mild, chronic inflammation, polyarthritis, SLE associated musculoskeletal and skin manifestations, palindromic arthritis and as an adjunct to other DMARDs.		
Excluded patients	Patients where GP refused shared care		
Eligibility criteria for shared care	all patients		
Initiation	Treatment will be initiated by the hospital		
Duration of treatment	Long term. Consultant will advise GP when treatment has to stop		
Usual Maintenance Dose and Dose Range	200mg twice daily for 1 st 3 months then 200mg daily as maintenance dose. Normally dose will be reduced to half after 3-6 months treatment. The hospital will advise of dose changes		
Maximum Dose	6.5mg/kg/day		
Available Strengths (Colours)	White 200mg		
Preparations	Tablets		
Cost 28 days (Drug Tariff)	£5 / month		
Adverse effects	<p>Eye Retinopathy with changes in pigmentation and visual field defects can occur, but appears to be uncommon if the recommended daily dose is not exceeded. In its early form it appears reversible on discontinuation of hydroxychloroquine. Disturbances such as haloes, blurring of vision or photophobia may be transient and are reversible on stopping treatment. Blurring of vision due to a disturbance of accommodation, which is dose dependent and reversible, may also occur.</p> <p>Dermatology Skin rashes sometimes occur; pigmentary changes in skin, nails and mucous membranes, bleaching of hair and hair loss have also been reported. These usually resolve readily on stopping treatment. Isolated cases of exfoliative dermatitis and acute generalised exanthematous pustulosis (AGEP) have been reported. Hydroxychloroquine can also precipitate or exacerbate porphyria and may precipitate attacks of psoriasis.</p> <p>Other adverse effects include gastrointestinal disturbances such as nausea, diarrhoea, anorexia, abdominal cramps and rarely, vomiting. These symptoms are often transient but usually resolve immediately on reducing the dose or stopping treatment.</p>		

Contra-indications	<p>Known hypersensitivity to the product</p> <p>Pre-existing maculopathy</p> <p>Caution: history of epilepsy, porphyria and the elderly.</p> <p>Breast feeding</p>
Drug-interactions	<p>May interact with quinine, digoxin, amiodarone, aminoglycosides, mefloquine, cimetidine, and ciclosporin.</p> <p>Avoid antacids within 4 hours of dose</p> <p>Live vaccines must be avoided.</p> <p>.</p>
Renal impairment and liver disease	Caution and monitoring of hydroxychloroquine in renal and hepatic impairment
Pregnancy and breast feeding	Normally hydroxychloroquine is discontinued during pregnancy but may be continued in some patients with lupus. Hydroxychloroquine is contra-indicated in lactation
Monitoring	<p>Patient should have near visual acuity in each eye recorded (with reading glasses if worn) at the hospital using Royal College of Ophthalmology Chart. Annual review to be performed either using this chart or by an optometrist. The patient will be referred to an Ophthalmologist if visual impairment or eye disease is detected at the baseline assessment or if there is a change in acuity or blurred vision (hydroxychloroquine should be stopped). With 3 years of continuous use there is little or no incidence of retinopathy. Patients requiring long term therapy (5 years) should be discussed with an ophthalmologist to determine whether further monitoring is required.</p> <p>If patient reports change in vision, discontinue hydroxychloroquine and discuss with rheumatology.</p> <p>Recommend flu vaccination and consider pneumococcal vaccine</p>

Responsibilities

DISEASE MONITORING

Clinical response to therapy will be assessed by the hospital physician in all cases and communicated to the GP

RESPONSIBILITY FOR PRESCRIBING

On initiation of therapy the patient will be given a one month supply of hydroxychloroquine by secondary care. Responsibility thereafter for prescribing may be transferred to the patients GP depending on the locality in which the GP is based and the secondary care centre the patient attends. This is detailed below.

The GP should not prescribe unless the monitoring has been carried out and the GP is satisfied that it is safe to continue treatment.

Practices in Sunderland PCT

PATIENTS REFERRED TO SUNDERLAND (helpline 0191 5656256 ext 47533–Mon- Fri 9am –5pm).

All the monitoring, and dosing will be carried out entirely by the rheumatology clinic with the responsibility of secondary care to inform the GP of any abnormalities. The GP will be responsible for prescribing in agreement with the Secondary care service.

PATIENTS REFERRED TO GATESHEAD (helpline 0191 445 5240 Mon- Fri 9am- 5pm or consultant secretary)

All monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required

PATIENTS REFERRED ELSEWHERE

All monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required

Practices in Gateshead PCT

PATIENTS REFERRED TO GATESHEAD (helpline 0191 445 5240 Mon- Fri 9am- 5pm or consultant secretary)

Secondary care staff will carry out base line monitoring prior to initiating therapy. GPs will carry out ongoing prescribing. Secondary care staff will carry out monitoring and advise GPs of changes to dose or monitoring intervals.

PATIENTS REFERRED ELSEWHERE

All monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required

	<p>Practices in South Tyneside PCT PATIENTS REFERRED TO GATESHEAD (helpline 0191 445 5240 Mon- Fri 9am- 5pm or consultant secretary) All monitoring, prescribing and dosing to be carried out by GP with support from secondary care specialist as required</p> <p>PATIENTS REFERRED TO SUNDERLAND (helpline 0191 5656256 ext 47533–Mon- Fri 9am –5pm). Most monitoring and dosing will be carried out entirely by the rheumatology clinic with the responsibility of secondary care to inform the GP of any abnormalities. The GP will be responsible for prescribing in agreement with the Secondary care service. Once stable, responsibility may be transferred to GP as agreed between specialist and GP at time of transfer. The GP will then be responsible for monitoring, dosing and prescribing</p>	
Communications	Consultant	Please refer to the standard letter from the patient’s consultant. For Gateshead patients a copy of the Gateshead GP information sheet should be enclosed with the letter
	G.P.	If the GP is unwilling to accept prescribing responsibility for an individual patient the consultant should be informed within 1 month of receipt of the shared care request. In such cases the GP must inform the consultant of all relevant medical information regarding the patient and any changes to the patient’s medication irrespective of indication.
	Patient	The patient will have received an information leaflet from the hospital.
Re- referral criteria		
Contact details	Consultant:	
	Additional information for Gateshead patients is available at www.gatesheadhealth.nhs.uk/rheumatology	
Agreed Date	Expiry date	

Reference to full prescribing information e.g. SPC

Appendix 2 Shared Care Request Form

- **Consultant to complete FIRST SECTION of form**
- **GP to complete SECOND section and RETURN to ACUTE TRUST CLINICIAN TEAM if NOT accepting shared care**

Section 1

Consultant	
Hospital address	
Contact Phone Number	

Patient's name	
Address	
This patient is stabilised on	
Dose	
Prescription for 28 days supply given on	

Compliance aid	YES/NO
Monitored by	
Designated community pharmacy	

Their treatment has been explained to them and a review has been arranged for

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Appointments to continue every months

Section 2

Patient's name	
Address	

I do **NOT ACCEPT** the proposed Shared-Care Agreement for this patient

My reasons for not accepting: Please complete this section

Signeddate.....

Please return to the Acute Trust Clinician team at :
