

Shared Care Guideline for Hydroxychloroquine (GP Summary)

It is essential that a transfer of care only takes place with agreement of the GP and when sufficient information has been received. If the GP does not agree to share care they will inform the Consultant responsible for the patient's care.

Basingstoke,
Southampton
& Winchester
District
Prescribing
Committee

Indications	Adults (over 18yrs) with active rheumatoid arthritis or systemic or discoid lupus erythematosus.
Dose & response	Hydroxychloroquine 200mg - 400mg per day , depending on clinical severity and weight of patient (but not exceeding 6.5mg/kg/day, based on ideal body weight). Each dose should be taken with a meal or glass of milk. Hydroxychloroquine is cumulative in action and may take up to 6 months to exert its beneficial effects, whereas minor side effects may occur relatively early. Treatment should be discontinued if there's no improvement by 6 months
Secondary care responsibilities	<ul style="list-style-type: none"> No routine laboratory monitoring is required. Advise ophthalmological assessment for patients on treatment for more than 5 years or on more than 6.5mg/kg per day or if patient develops new visual symptoms.
GP Responsibilities	<ul style="list-style-type: none"> Prescribe hydroxychloroquine. No routine laboratory monitoring is necessary, however, most patients will be receiving regular monitoring for concomitant DMARD therapy or treatments for SLE. Identify and report adverse events to the initiating specialist and the MHRA. Ensure co-prescribed medication does not interact with hydroxychloroquine. If vision changes or is blurred, advise patient to see optometrist. If changes confirmed and blurring cannot be reversed, seek advice of specialist & discuss referral to ophthalmologist. Refer patients who have been on treatment for ≥5yrs back to specialist for review. "Advise formal ophthalmological assessment for patients on treatment for more than 5 years if they are not being seen in secondary care."
Actions to be taken in response to monitoring	<ul style="list-style-type: none"> Visual changes - consider review by optometrist if mild. Stop treatment and refer to ophthalmologist if vision blurred or changes severe. Notify specialist. Retinopathy rarely occurs provided recommended doses are not exceeded and is reversible with early recognition and discontinuation of drug.
Contra-indications	<ul style="list-style-type: none"> Breastfeeding, although risks in lupus patients should be assessed & managed in consultation with specialist and expert in high risk pregnancy. Known hypersensitivity to 4-aminoquinoline compounds Pre-existing maculopathy of the eye
Cautions	<ul style="list-style-type: none"> Pregnancy - may be used in pregnancy, but should have pre-pregnancy counselling. Note due to the drug's long half-life, stopping treatment early in pregnancy is unlikely to reduce exposure in the first few months. Renal and hepatic impairment Epilepsy - may reduce threshold for convulsions Psoriasis - may exacerbate condition G6PD deficiency Porphyria cutanea tarda Elderly patients History of severe GI disturbances
Important adverse effects & management	<ul style="list-style-type: none"> Overdose - very toxic. Urgent admission to hospital required. Visual disturbances: Small changes to vision are very common. If vision changes or is blurred, advise patient to see optometrist. If changes confirmed and blurring cannot be reversed, seek advice of

	<p>specialist & discuss referral to ophthalmologist.</p> <ul style="list-style-type: none"> • Headaches – stop treatment if headaches are recurrent. • Rash, pigmentary changes, hair loss – may occur but do not usually require discontinuation of drug • GI upset – occasionally nausea and mild diarrhoea may occur but usually subsides. If severe, stop treatment. • Hepatic failure & abnormal LFTs - occur rarely. • Cardiomyopathy & conduction disorders - occur rarely.
Important Drug Interactions	<ul style="list-style-type: none"> • Amiodarone - avoid. Increased risk of ventricular arrhythmias. • Antacids - avoid concurrent administration – separate doses by 4 hours. • Anticonvulsants - avoid. Antagonism of anticonvulsant effect. • Ciclosporin - caution. May cause rise in serum ciclosporin. Increased risk of toxicity. • Cimetidine - caution. May cause rise in serum hydroxychloroquine. • Digoxin - caution. May cause rise in serum digoxin. • Droperidol - avoid. Increased risk of ventricular arrhythmias. • Lanthanum - avoid concurrent administration. May reduce absorption of hydroxychloroquine. Separate doses by at least 2 hours • Neostigmine - caution. May antagonise effect and increase myasthenic symptoms • Mefloquine - avoid. Increased risk of convulsions. • Methotrexate - caution. May cause rise in serum methotrexate, but drugs are often used in combination. • Moxifloxacin - avoid. Increased risk ventricular arrhythmias • Pyridostigmine - caution. May antagonise effect and increase myasthenic symptoms • Typhoid vaccine oral - avoid. Inactivated by hydroxychloroquine • Quinine - avoid

This guidance should be read in conjunction with the BNF

Contact numbers for urgent GP advice

Southampton - Nurse specialist advice line 023 8120 5352 or bleep SpR 1801 (Mon-Fri 9-5). Out of hours – on-call consultant via hospital switchboard.

Basingstoke - Administration team 01256 312768, fax 01256 313653, advice line (answerphone) 01256 313117 or on-call consultant via switchboard.

Winchester – Administration team 01964 824150, Advice line 01962 824256, on-call SpR bleep 3425 via switchboard.