Rheumatology

Hydroxychloroquine Tablets

Produced by The 3T's formulary

Further copies can be obtained from:
Pharmacy Department, Great Western Hospital
NHS Wiltshire

Addressograph label

Patient's Name _____

Consultant Name _____

Consultant Signature _____

Date _____

I agree to your request to prescribe Hydroxychloroquine in accordance with the attached shared care guideline:

GP Name _____

GP Signature _____

Date _____

Hydroxychloroquine Tablets (TLS Amber)

for the treatment of rheumatoid arthritis, juvenile chronic arthritis and discoid and systemic lupus erythematosis

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care agreement outlines how responsibility for prescribing hydroxychloroquine tablets might be shared between specialist and general practitioner (GP). GPs are invited to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care is usually explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

The doctor who prescribes this medication legally assumes clinical responsibility for hydroxychloroquine tablets and the consequences of its use.

RESPONSIBILITIES and ROLES

	Specialist responsibilities
1	Baseline U&Es and LFTs
2	Initiate treatment and prescribe at least 4 weeks supply of medication.
3	Discuss the benefits and side effects of treatment with the patient.
4	Ensure compatibility of hydroxychloroquine with other concomitant medication.
5	Ask the GP whether he or she is willing to participate in shared care, and discuss the shared care arrangement with the patient & obtain their consent.
6	Supply GP with summary within 14 days of a hospital out-patient review or in-patient stay.
7	Review the patient's condition and monitor response to treatment at least annually or as deemed clinically necessary.
8	Give advice to the GP on when to stop treatment.
9	Report adverse events to the MHRA & GP.
10	Ensure that clear backup arrangements exist for GPs to obtain additional advice and support should they need it.

	General Practitioner responsibilities
1	Reply to the request for shared care as soon as practicable.
2	Prescribe medicine at the dose recommended by specialist.
3	Undertake monitoring as per schedule on page 3.
4	Ensure compatibility of hydroxychloroquine with other concomitant medication.
5	Refer promptly to specialist when any loss of clinical efficacy is suspected (e.g. worsening of disease-related symptoms, new symptoms suggestive of disease recurrence or progression) or intolerance to therapy occurs.
6	Report to and seek advice from the specialist on any aspect of patient care that is of concern to the GP and may affect treatment.
7	Stop treatment on the advice of the specialist.
8	Report adverse events to the specialist and MHRA.

	Patient's role
1	Attend all appointments with GP and specialist, including appointments for blood tests and other monitoring.
2	Report to the specialist or GP if he or she does not have a clear understanding of the treatment.
3	Share any concerns in relation to treatment with medicine.
4	Inform specialist or GP of any other medication being taken, including over-the-counter products.
5	Report any adverse effects to the specialist or GP whilst taking the medicine.

BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.	Bleep:	Email address:
Specialist (Rheumatology):			
Dr E Price – Consultant Rheumatologist	01793 604314	2112	Elizabeth.Price@gwh.nhs.uk
Dr L Williamson – Consultant Rheumatologist	01793 604318	1263	Lyn.Williamson@gwh.nhs.uk
Dr D Collins – Consultant Rheumatologist	01793 604317		David.Collins@gwh.nhs.uk
GWH Medicines Information	01793 605029		medinfo@gwh.nhs.uk
Rheumatology Team – Osprey Department	01793 604323		

SUPPORTING INFORMATION

Summary of conditions/Licensed indications

- Rheumatoid Arthritis
- Juvenile chronic arthritis
- Discoid and systemic lupus erythematosis
- Inflammatory osteoarthritis (unlicensed indication)

Treatment aims

- Reduce inflammation associated with the rheumatological condition being treated.

Dosage and administration

- Initially 400mg daily
- Reduced to 200mg daily after 6 weeks. The maintenance dose can be increased back to 400mg daily if responses lessens
- Dose should not exceed 6.5mg/kg/day (calculated from ideal body weight and not actual body weight, in order to avoid excessive dosage and toxicity risk in obese patients) and will be either 200mg or 400mg per day.
- Each dose should be taken with a meal or glass of milk.
- Please note: Tablets taste unpleasant.
- Treatment should be discontinued if no response within six months of initiation.

Contra-indications and precautions for use

- Hypersensitivity to hydroxychloroquine or any of the excipients.
- Pre-existing maculopathy of the eye
- Known hypersensitivity to 4-aminoquinoline compounds
- Use with caution in patients taking medicines which may cause adverse ocular or skin reactions
- Use with caution in patients with hepatic or renal disease
- Use with caution in patients with severe gastrointestinal, neurological or blood disorders
- Use with caution in patients sensitive to quinine, those with G6PD deficiency, those with porphyria and patients with psoriasis.
- Hydroxychloroquine should not be used in pregnancy
- Hydroxychloroquine is secreted in small amounts in breast milk
- Avoid with myasthaenia gravis

See SPC for full list of contra-indications and precautions

Side-effects

- Skin rashes, pigmentary changes
- Increased risk of sunburn
- Nausea, diarrhoea, abdominal cramps

Ophthalmic – retinopathy, corneal changes have been reported in long-term use but are rare. Patients are advised to report any change in visual acuity or blurring of vision.

Refer patient back to the specialist if any of these side-effects cause concern. Refer to the SPC for a full list of adverse effects & further information http://www.medicines.org.uk.

This medicine does not have black triangle (▼) status. Serious suspected reactions (even if well recognised or causal link uncertain) should be reported to the MHRA.

Monitoring

Parameter	Frequency of monitoring	Action (adjustment and referral back to hospital)
Optical review	12 monthly	Referral to specialist

Drug Interactions

- Increases plasma levels of digoxin. Levels should be closely monitored
- Antacids and adsorbents may reduce absorption. Avoid administration within four hours of dose.
- May enhance the effects of hypoglycaemic treatment, a dose reduction of insulin or antidiabetic drugs may be required

See SPC for full list of interactions

Cost
60 x 200mg tablets: £5.49

(NHS Prescription Services 11/06/2012)

References

Electronic Medicines Compendium. Summary of Product Characteristics. Plaquenil Tablets (Hydroxychloroquine)

http://www.medicines.org.uk/EMC/medicine/6977/SPC/Plaquenil+Tablets

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