NHS
Pan Mersey
Area Prescribing Committee

Prescribing Support Information

HYDROXYCHLOROQUINE

AMBER patient retained by specialist

Your patient has been identified as being suitable to receive hydroxychloroquine 200mg tablets in accordance with the indications detailed below. They have been started on treatment and have been reviewed to assess the efficacy and adverse effects of the treatment by the specialist team.
Hydroxychloroquine has been considered as appropriate for prescribing in primary care and the information contained in this document has been provided to support you to prescribe the medicine for your patient in the community. Your patient's dose is now stable and is detailed in the attached clinic letter.
Your patient will remain under the care of the specialist team whilst receiving this medicine.

Background
Hydroxychloroquine is considered a disease-modifying drug (DMD) because it can decrease the pain and swelling of arthritis and it may prevent joint damage and reduce the risk of long-term disability. It is believed that hydroxychloroquine interferes with communication of cells in the immune system.
Dose adjustments and monitoring requirements for hydroxychloroquine, (licensed and unlicensed indications) included in this guidance are in line with national guidance published by the British Society for Rheumatology 2017.
Transfer of prescribing to primary care is after the dose has been stabilised.

Licensed Indications

- Rheumatoid arthritis
- Discoid and systemic lupus erythematosus
- Photosensitive dermatological conditions

Locally agreed off-label use

- Interstitial lung disease
- Other rheumatology conditions including connective tissue disease and osteoarthritis
- Rosacea
- Jessners porphyria

Drug, Form and Dose
The usual dose is 200 – 400mg daily. Dose should not exceed 5mg/kg actual body weight and should be adjusted according to renal function.
See table 4 in the BSR monitoring guideline for recommended dosing in CKD, which states the dose should be reduced to 75% in CKD3, to 25-50% in CKD4 and to 25% of usual dose in CKD5.
Doses should be taken with a meal or a glass of milk.

Available Preparations

Hydroxychloroquine is available as 200mg film coated tablets

Monitoring recommendations

All patients should be referred for annual ophthalmological monitoring after 5 years of hydroxychloroquine and should be reviewed annually thereafter whilst on therapy.

Screening will be according to locally agreed protocols and follow the updated 2020 Royal College of Ophthalmology and RMOC guidelines[2,3]. Monitoring may be started after 1 year of therapy if there are additional risk factors for hydroxychloroquine retinopathy eg tamoxifen, renal impairment, high dose hydroxychloroquine . Baseline assessments are no longer required.

It is the responsibility of the hospital specialist to refer the patient for retinal screening. Results of screening will be communicated to the GP.

How long the medicine should be prescribed for

The duration of treatment will be determined by the specialist based on clinical response and tolerability. Termination of treatment will be the responsibility of the specialist.

Contra-indications

- Known hypersensitivity to 4-aminoquinoline compounds e.g.chloroquine
- Pre-existing maculopathy of the eye

Adverse effects

For a comprehensive list consult the Summary of Product Characteristics.SPC

Adverse effect	Action
Rash	Stop drug and contact Specialist Nurse for advice and management.
Nausea, vomiting, diarrhoea	Discuss with Specialist Nurse
Development of blurred vision or changes in visual acuity	Stop medication, see optician and contact Specialist Nurse for advice.

Seek advice from the initiating Specialist if there are any concerns about adverse effects.

Interaction with other medicines

For a comprehensive list consult the BNF or Summary of Product Characteristics

Seek advice from the initiating Specialist if there are any concerns about interactions.

Please contact the specialist team if any of the following occur:

- Development of blurred vision or changes in visual acuity
- If the patient suffers any other adverse reactions
- If the patient decides to discontinue treatment for any reason
- Any deterioration in symptoms should be reported to the specialist team

Other information

Hydroxychloroquine can be continued during pregnancy and it is compatible with breastfeeding[4].

Men should not be discouraged from taking hydroxychloroquine while trying to conceive.

Contact details for advice

Please refer to the contact details included in the clinic letter issued by the specialist.

References

1. Ledingham J et al. BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs Rheumatology 2017;56:8658683
2. The Royal College of Ophthalmologists Clinical Guideline: December 2020. Hydroxychloroquine and Chloroquine Retinopathy: Recommendations on Monitoring
3. The National Regional Medicines Optimisation Committees' Guidance July 2022. Hydroxychloroquine and chloroquine retinopathy monitoring
4. Flint J et al. BSR and BHPR guideline on prescribing drugs in pregnancy and breastfeeding—Part I: standard and biologic disease modifying anti-rheumatic drugs and corticosteroids Rheumatology, Volume 55, Issue 9, September 2016, Pages 1693–1697,