NHS
Pan Mersey
Area Prescribing Committee

Prescribing Support Information

Mepacrine

This medicine has been categorised as Amber Initiated by the Pan Mersey Area Prescribing Committee

Your patient has been identified as being suitable to receive mepacrine in accordance with one of the indications detailed below and has been started on treatment and has been reviewed to assess the efficacy and adverse effects of the treatment by the specialist team.

This medicine 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.

Mepacrine is initiated by dermatologists. It is normally prescribed in addition to hydroxychloroquine because the two drugs act synergistically for dermatological conditions. There may be a delay before a response is seen and consequently dose titration may be necessary. Prescribing should not be transferred to the GP until a stable dose has been achieved.

There is no requirement for mepacrine to be routinely monitored[1] but the patient is likely to remain under the care of the specialist due to their clinical condition and co-morbidities.

Indications (unlicensed)

Skin manifestations of discoid lupus erythematosus, erythema multiforme, sarcoidosis and dermatomyositis.

Name of Drug, Form and Dose

Mepacrine tablets 100mg. The dose may range from 50mg (half a tablet) three times a week to a maximum dose of 100mg three times daily.[2]

Monitoring recommendations

According to the recently updated British Society of Rheumatology/ British Health Professionals Rheumatology monitoring guideline, no monitoring is necessary.

How long the medicine should be prescribed for

The duration of treatment will be determined by the specialist.

Contra-indications

Psoriasis, myasthenia gravis and a history of psychoses.

Adverse effects

Mepacrine is well tolerated at the low doses used in dermatology[2]. However, the following may be seen:

- Yellow discoloration of the skin and urine during long-term treatment or with large doses. Blue or black discolouration of the roof of the mouth, nails and eyes. This is harmless and resolves on discontinuation of the drug.
- Dizziness, particularly after sitting or lying down. Getting up slowly should help to reduce this side effect.
- Other possible side effects include nausea, vomiting, GI upset, headache, skin rashes (occasionally severe), and changes in mood or behaviour. Fits may occur with overdosing. Alterations in blood count and liver function can occur but are rare.

Special warnings/cautions

Use with caution in the elderly, patients with porphyria and in patients with liver disease.[2]

Interaction with other medicines

Mepacrine increases the serum level of primaquine and the drugs should not be taken together.[2]

Other information

There are no data on the use of this drug in pregnancy and breastfeeding. Mepacrine has been reported to produce a mild flushing reaction when used with alcohol and there may also be nausea, dizziness, palpitations, headache and shortness of breath. Patients who experience these symptoms should avoid alcohol.[2]

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 (6) : 865-68. Accessed 13 March 2018 at: BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs | Rheumatology | Oxford Academic
2. British Association of Dermatologists (BAD). Mepacrine Patient Information Leaflet, August 2016. Accessed 13th March 2018 at: http://www.bad.org.uk/shared/get-file.ashx?id=105&itemtype=document