Western Locality Shared care Information ~ Hydroxychloroquine, Rheumatology

April 2013

- Hydroxychloroquine
- Treatment of: Rheumatoid arthritis
  Systemic lupus erythematosus

Specialist: Please complete the Shared Care letter sending a request to GP (see bottom of the page)

GP: Please indicate whether you wish to share patient’s care by completing letter and return to specialist

Aim of treatment

Hydroxychloroquine is a disease-modifying anti-rheumatic drug.

Indications for the purposes of this guideline

Treatment of adults with rheumatic disease, in particular discoid and systemic lupus erythematosus and rheumatoid arthritis

Specialist responsibilities

1. Decision to prescribe hydroxychloroquine.
2. Discuss benefits and side effects of treatment with patient or patient’s carers including where appropriate the risks associated with pregnancy and need for a reliable method of contraception.
3. Refer patient to specialist nurse service where appropriate (eg. new patient) for advice on taking the drug, its cautions, side effects associated with treatment, monitoring requirements and the timing of re-assessment and by whom.
4. Conduct baseline visual acuity tests – record near visual acuity of each eye and advise patient to visit optician for annual reviews.
5. Ensure that patient has no relevant ophthalmic abnormality before recommending hydroxychloroquine.
6. Conduct baseline tests – full blood count, U&Es and liver function tests. Copy results to GP.
7. Specify review dates.
8. At reviews, enquire if patient has visited optician for visual acuity tests.
9. Prompt verbal communication followed up in writing to GP of changes in treatment or monitoring requirements, results of monitoring, assessment of adverse events or when to stop treatment. Urgent changes to treatment should be communicated by telephone to GP.
10. Reporting adverse events to CHM.

General practitioner responsibilities

If GP has agreed to share care:

1. Prescribe oral hydroxychloroquine after communication with specialists.
2. Obtain satisfactory assurance of regular yearly optician checks of visual acuity when prescribing long term.
3. There are significant interactions with hydroxychloroquine. Ensure there are no drug interactions with existing drugs and be alert to possibility of interactions when initiating drugs.
4. Be aware of criteria for referral to Rheumatology team.
5. Respond to advice from secondary care on dose changes and frequency of monitoring.
6. Report to and seek advice from specialist on any aspect of patient care of concern to GP which may affect treatment. Prompt referral to specialist if there is a change in patient’s health status.
7. Report adverse events to specialist.
8. Stop treatment in case of a severe adverse event or as per shared care guideline.

Monitoring

The British Society of Rheumatology guidelines (2008) follow the Royal College of Ophthalmologists guidelines on monitoring for ocular toxicity with hydroxychloroquine. These state that monitoring by an ophthalmologist is not required unless there is a history of eye disease in which case individual monitoring plans will be devised. Blood tests are not indicated as risk of bone marrow depression is low.

Monitoring: specialist team

Prior to starting therapy
- Full blood count, U&Es and liver function tests.
- Assess near visual acuity of each eye. If no abnormality is detected, treatment will be commenced.

During treatment
- Visual acuity to be assessed by an optician.
- Patients receiving more than 5 years treatment will be referred to an ophthalmologist and given an individual patient plan if appropriate.

Monitoring during treatment: general practice

Stop treatment and refer to rheumatology team if:
- Any toxic reaction occurs.
- Patients should be advised to stop taking hydroxychloroquine immediately if any disturbances of vision are noted.

Patient/patient carer responsibilities

1. MUST report any disturbances of vision to their GP and/or specialist
2. Report any other adverse effects to their GP and/or specialist whilst being treated with hydroxychloroquine.
3. Attend an optician for annual check of vision
4. Ensure that they have a clear understanding of their treatment.
5. Ensure they attend for monitoring requirements.
6. Be aware that treatment will be stopped if patient does not attend for monitoring.
7. Store hydroxychloroquine tablets safely

Back-up advice and support

Rheumatology

E-mail advice (for GPs to seek advice on established rheumatology patients):
Plymouth.rheumatology@nhs.net
This email is monitored daily Monday to Friday. A response should be received within 48 hours from a Rheumatologist

For urgent queries please contact the rheumatology registrar, research fellow or on-call rheumatologist via Derriford switchboard (9am-5pm Monday to Friday)
Derriford Medicines Information: 01752 439976

Medicines Optimisation Teams
- NEW Devon CCG, Western Locality 01752 398800
- Kernow CCG 01726 627953
Supporting Information

This guideline highlights significant prescribing issues, not all prescribing information and potential adverse effects are listed. Please refer to SPC/data sheet for full prescribing data.

Dose

Normal dose is 200mg to 400mg daily, although this can sometimes be reduced to alternate days according to response. The minimum effective dose should be used and should not exceed 6.5mg/kg/day (calculated from ideal body weight and not actual body weight), or 400mg whichever is smaller. Each dose should be taken with a meal or a glass of milk. Avoid antacids within 4 hours of dose. Hydroxychloroquine is very toxic in overdose, particularly in young children. Symptoms of overdose may include headache, visual disturbance, cardiovascular collapse and convulsions, followed by sudden and early respiratory and cardiac arrest. Urgent hospital treatment is needed.

Contraindications

- Hypersensitivity to 4-aminoquinolone compounds e.g. hydroxychloroquine, chloroquine, mefloquine.
- Pre-existing maculopathy of eye.
- See monitoring section for prescribing for patients with ophthalmological conditions.
- Pregnancy: When planning a pregnancy it is important that both men and women on this drug discuss medication with the Rheumatology team. This should be at least six months before conception.

Precautions

- Sensitivity to quinine.
- Porphyria cutanea tarda.
- Psoriasis – it may increase skin reactions but can be useful.
- Hepatic or renal disease.
- Concurrent use of drugs which may cause adverse ocular or skin conditions or drugs known to affect liver or kidney function.
- Severe gastrointestinal, neurological (may occasionally reduce convulsive threshold) or blood disorders.
- G6PD deficiency.
- Lactation - see SPC for further information
- Safe storage must be re-enforced as small children are particularly sensitive to the toxic effects of this drug.

Interactions

- Adsorbents: absorption reduced by kaolin
- Antacids: absorption reduced by antacids
- Anti-arrhythmics: increased risk of ventricular arrhythmias with amiodarone – avoid concomitant use
- Antibacterials: increased risk of ventricular arrhythmias with moxifloxacin – avoid concomitant use
- Antiepileptics: possible increased risk of convulsions with concurrent use
- Antimalarials: increased risk of convulsions with mefloquine
- Antipsychotics: increased risk of ventricular arrhythmias with droperidol – avoid concomitant use
- Cardiac glycosides: hydroxychloroquine possibly increases plasma concentration of digoxin
• Ciclosporin: hydroxychloroquine possibly increases plasma concentration of ciclosporin (increased risk of toxicity)
• Parasympathomimetics: hydroxychloroquine has potential to increase symptoms of myasthenia gravis and thus diminish effect of neostigmine and pyridostigmine
• Ulcer-healing drugs: metabolism of hydroxychloroquine inhibited by cimetidine (increased plasma concentration)
• Vaccines – antimalarials inactivate oral typhoid vaccine
Dear Dr ___________________________

We have today commenced the above patient onto __________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please can the following tests be performed by the surgery fortnightly for three months

☐ FBC  ☐ LFT  ☐ BP  ☐ Renal Function  ☐ Urine Dip

We have prescribed the first month of treatment and request your agreement to sharing the care of this patient according to the Western Locality Shared Care Information guidelines for this drug.

GPs are invited to participate, but if the GP is not confident to undertake these roles then they are under no obligation to do so. If so, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If asked to prescribe this drug the GP should reply to this request as soon as practical. Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient and accepted by them.

Remember: the doctor who prescribes the medication has the clinical and legal responsibility for the drug and the consequences of its use.

If you agree to share the care of this medication, further prescriptions should be issued from your practice.

A further clinic appointment has been booked for ____ weeks’ time, and a full clinic letter will follow.

Many thanks for your co-operation.

Signed: ___________________________  Date: ____________

Consultant name: ___________________________

CC: Patient
Please sign below and return promptly. Remember to keep a copy of this letter for the patient’s records. If this letter is not returned shared care for this patient will not commence.

<table>
<thead>
<tr>
<th>GP Response</th>
<th>Please fax to 01752 763747</th>
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<tbody>
<tr>
<td>I agree / do not agree* to share the care of this patient in accordance with the Shared Care Guideline.</td>
<td></td>
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<tr>
<td>Signed:</td>
<td>Date:</td>
</tr>
<tr>
<td>GP name:</td>
<td>*Delete as appropriate.</td>
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*Delete as appropriate.