Hydroxychloroquine

Traffic light classification- Amber 1
Information sheet for Primary Care Prescribers
Part of the Shared Care Protocol: Management of Rheumatological Conditions with Disease-Modifying Anti Rheumatic Drugs in Adults

Indications[1,2]

Rheumatoid arthritis, systemic and discoid lupus erythematosus – licensed.
Other connective tissue disorders e.g. SLE and Sjogren's syndrome – outside of licence but supported by national guidelines)

Therapeutic Summary

Hydroxychloroquine can be used to reduce disease activity in patients with rheumatological conditions. Clinical benefit may take up to 3 months. NSAIDs and simple analgesics may need to be continued. Patient reported adverse effects usually occur early in therapy, but please see explicit criteria for review below.

Products available[1,2]

Hydroxychloroquine film coated tablets (Plaquenil® or Quinoric®) 200mg.

Dosages and route of administration[1,2]

Hydroxychloroquine is given orally at a typical dose of 200 or 400mg daily. Dosage may be reduced to 200mg daily depending on clinical response.
Maximum dose should not exceed 6.5mg/kg/day body weight (calculated from ideal body weight and not actual body weight).

Duration of treatment[1,2]

All DMARDs are long term treatments. Clinical benefit may take up to 3 months.

Monitoring Requirements and Responsibilities[3,4]

Pre-treatment assessment to be performed by specialist and will include:

- FBC, LFT, U&E, visual acuity

Ongoing monitoring:

- GP to assess and manage cardiovascular risk factors – patient at higher risk of cardiovascular events due to rheumatological disease activity.
- Routine influenza and pneumococcal vaccination are highly recommended.
- Annual review by the rheumatology specialist team will include assessment of visual acuity/enquiring about visual symptoms.
- Patients should receive annual formal ophthalmic assessment (including objective retinal assessment e.g., spectral domain optical coherence tomography and fundus autofluorescence). Monitoring begins after 5 years of commencing the medicine unless additional risk factors for retinal toxicity exist. For patients with concomitant tamoxifen use, impaired renal function (eGFR< 60ml/min/ 1.73m2) or on hydroxychloroquine dosages >5mg/kg per day, monitoring should begin after one year of therapy. Arranging on-going annual ophthalmology monitoring will be the responsibility of the specialist.

No additional monitoring requirements are required in primary care for patients receiving additional biological therapy including anti- TNF therapy.

Explicit criteria for review and discontinuation of the medicine – Other benchmark values may be set by secondary care in specific clinical circumstances.
This will be communicated by secondary care.

Adverse Event	Action
Development of blurred vision or changes in visual acuity, including abnormal colour vision.[3]	Withhold until discussed with rheumatology specialist team / ophthalmologist / optometrist.[3]

For a full list of Side Effects refer to the BNF or Summary of Product Characteristics.

IF YOU ARE IN ANY DOUBT ABOUT ANY POTENTIAL ADVERSE REACTION, PLEASE CONTACT THE RHEUMATOLOGY SPECIALIST TEAM.

Relevant Contraindications[1,2]

- Pre-existing maculopathy of the eye.
- Known hypersensitivity to 4-aminoquinoline products e.g. chloroquine.
- Breast feeding – excreted in breast milk and infants are sensitive to toxic effects.

Relevant Precautions[1,2,3,5]

- Renal impairment. Dose reduction may be required once GFR <50ml/min.[6] Please discuss with the rheumatology specialist team.
- Moderate to severe liver impairment. Please discuss with the rheumatology specialist team.
- Pregnancy – Hydroxychloroquine has been used in pregnancy. The risks of stopping treatment should be weighed against the possible risk to the unborn child – seek advice from the rheumatology specialist team.
- Epilepsy – may reduce threshold for convulsions.
- Psoriasis may be exacerbated by hydroxychloroquine.

Clinically relevant medicine interactions and their management[1,2,5,7]

- Cardiac glycosides: possible increased levels of digoxin – caution in use.
- Amiodarone: Increased risk of ventricular arrhythmias – avoid.

Antacids: may reduce absorption of hydroxychloroquine - do not give antacids within 4 hours of hydroxychloroquine. For a full list of drug interactions refer to the BNF and Summary of Product Characteristics.

Information given to patient

- Patients should be advised to report any visual disturbance immediately to their Optometrist / GP for investigation.
- Patients should be advised to avoid antacids for 4 hours before and after the dose.[1,2]
- The patient will also be given an approved information leaflet from Versus Arthritis. Further copies are available here.

Patient's roles and responsibilities

The patient will:

- Take their medication as agreed, unless otherwise instructed by an appropriate healthcare professional.
- Attend all follow-up appointments with GP and specialist. If they are unable to attend any appointments they should inform the relevant practitioner as soon as possible and arrange an alternative appointment.
- Inform all healthcare professionals of their current medication prior to receiving any new prescribed or over-the-counter medication.
- Report all suspected adverse reactions (as above) to medicines to their GP.
- The patient should report any visual disturbances immediately to the GP / Optometrist.
- Store their medication securely away from children.
- Read the information supplied by their GP, specialist and pharmacist and contact the relevant practitioner if they do not understand any of the information given.

References

1. Plaquenil Tablets – Zentiva. Summary of Product Characteristics [10/03/2020] on Electronic Medicines Compendium: (accessed on 06/07/2020) via www.medicines.org.uk/
2. Quinoric 200mg tablets – Bristol Labs Ltd. Summary of Product Characteristics [13/11/17/] on Electronic Medicines Compendium: (accessed on 06/07/2020) via www.medicines.org.uk/
3 Ledingham J, Gillick N, Irving K. et al. (2017) BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs. Rheumatology doi:10.1093/rheumatology/kew149.
4. The Royal College of ophthalmologists. Hydroxychloroquine and Chloroquine Retinopathy: Recommendations on Monitoring Clinical Guidelines December 2020.
BNF [online] via www.medicinescomplete.com [accessed 22/06/2020]
5. Ashley C, and Currie A [Eds]. The Renal Drug Handbook [3rd edition] Oxford: Radcliffe Publishing Ltd [2009].
6. Baxter K (ed), *Stockley's Drug Interactions*. [online] London: Pharmaceutical Press accessed via www.medicinescomplete.com (accessed on [22/06/2020])

Version Control- **Hydroxychloroquine Information Sheet (Rheumatology SCP)**			
Version	Author(s)	Date	Changes
1.2	Lynne Kennell	May 2021	Ophthalmological monitoring requirements updated in line with updated guidance from Royal College of Ophthalmologists.
1.3	Shary Walker	29/07/2022	Formal ophthalmic assessment moved down to on-going monitoring. No additional info added.