Hydroxychloroquine

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

Indications[1,2]

Systemic and discoid lupus erythematosus – licensed.
Other disorders e.g. Lichen planus, lichen planopilaris, Dermatomyositis, Morphoea, Sjogren's syndrome – outside of licence but supported by national guidelines.

Therapeutic Summary

Hydroxychloroquine can be used to reduce disease activity in patients with dermatological conditions. Clinical benefit may take up to three months. 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 200mg or 400mg daily. 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 three 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 may be at higher risk of cardiovascular events due to disease activity.
- Routine influenza and pneumococcal vaccination are highly recommended.
- Annual review by the dermatology 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.

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 DERMATOLOGY 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.[5] Please discuss with the dermatology specialist team.
- Moderate to severe liver impairment. Please discuss with the dermatology 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 dermatology 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.
- Antidiabetic medicines- hydroxychloroquine may enhance effects of hypoglycaemic treatments– monitor.

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 medicine information leaflet from the British Association of Dermatologists. Further copies available at www.bad.org.uk.

Patient's roles and responsibilities

- The patient should report any visual disturbances immediately to the GP / Optometrist.
- The patient will report any suspected adverse reactions (as above) to the GP for assessment.

References

1. Plaquenil Tablets – Sanofi-Aventis. Summary of Product Characteristics [10/03/20] on Electronic Medicines Compendium: (accessed on 30/4/20) via www.medicines.org.uk/emc
2. Quinoric 200mg tablets – Bristol Labs Ltd. Summary of Product Characteristics [13/11/17] on Electronic Medicines Compendium: (accessed on 30/4/20) 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.
5. BNF June 2020 [online] via www.medicinescomplete.com [accessed 18/6/20]
6. The Renal Drug Database via https://renaldrugdatabase.com/monographs/hydroxychloroquine-sulphate. Hydroxychloroquine monograph last reviewed 20/02/2018 [accessed 18/6/20]
7. Baxter K (ed), *Stockley's Drug Interactions*. [online] London: Pharmaceutical Press accessed via www.medicinescomplete.com (accessed on [accessed 18/6/20])

Version Control- **Hydroxychloroquine Information Sheet (Dermatology 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	28/07/2022 09/09/2022	Formatting: Annual formal ophthalmic assessment moved down to on-going monitoring. No additional information added. PIL linked added