

Prescribing Framework for Hydroxychloroquine in Rheumatic and Immunological Disease.

Patient's Name:..... NHS Number:

Patient's Address:.....(Use addressograph sticker)

GP's Name:.....

Communication

We agree to treat this patient within this Prescribing Framework	
Specialist Prescriber's Name.....	Prof Reg. No.
Specialist Prescriber's Signature.....	Date:.....
<i>Where prescriber is <u>not</u> a consultant:</i>	
Consultant's Name:	GMC No
Consultant's Signature	Date:.....
GP's Signature:.....	Date:.....
GP's Name (if different from listed above).....	

The front page of this form should be completed by the specialist and the form sent to the patient's general practitioner.

The patient's GP should sign and send back to specialist, to confirm agreement to enter into shared care arrangement. If the General Practitioner is **unwilling** to accept prescribing responsibility for the above patient the specialist should be informed within two weeks of receipt of this framework and specialist's letter.

Full copy of framework can also be found at : <http://www.hey.nhs.uk/amber.htm>

1. Background

DMARDs are fundamental to arresting the disease process in Rheumatoid Arthritis and other inflammatory arthritides. While early initiation of therapy is essential to arrest the disease process, sustained use is vital if disease suppression is to be maintained. Prolonged therapy requires long-term monitoring for toxicity and safety profile

Hydroxychloroquine is a DMARD which may be used for treatment of rheumatoid arthritis (NICE Clinical Guideline 79, www.nice.org.uk/cg79) and other rheumatic diseases.

These guidelines aim to provide a framework for the prescribing of hydroxychloroquine by GPs and to set out the associated responsibilities of GPs and hospital specialists who enter into the shared care arrangements.

The guidelines should be read in conjunction with the general guidance on prescribing matters given in EL (91) 127 "Responsibility for prescribing between hospitals and GPs".

2. Indication

Rheumatoid Arthritis, Connective Tissue Diseases, (systemic and discoid lupus), uncontrolled urticaria and some photosensitive dermatological conditions.

3. Dose

Starting dose may be 200 -400 mg daily.

Dosage may be reduced to 200 mg daily depending on clinical response.

Maximum dose should not exceed 6.5 mgs/kg lean body weight per day.

4. Duration of treatment

Advice will be given to the GP on duration of treatment and dose changes for each individual patient.

5. Contraindications and cautions

Hydroxychloroquine is contraindicated in

Pre-existing maculopathy.

Known hypersensitivity to 4 – iminoquinoline compound.

Breast feeding.

Use with extreme caution in patients with a history of epilepsy – may induce status epilepticus, pregnancy – discuss with specialist if patient is pregnant or planning pregnancy, severe renal impairment and moderate to severe hepatic impairment.

May exacerbate psoriasis.

6. Adverse effects

Adverse effects include gastro-intestinal disturbances, headache, and skin reactions (rashes and pruritis).

Ocular toxicity is rare but requires monitoring (see section 8).

7. Interactions

Include:

- Amiodarone – increased risk of ventricular arrhythmias (avoid concomitant use)
- Antacids - may reduce absorption (Avoid with 4 hours of dosage)
- Antimalarials – increased risk of ventricular arrhythmias with chloroquine, mefloquine, quinine and *Riamet* (avoid concomitant use)

- Ciclosporin – increase plasma concentration of ciclosporin
- Cimetidine - increase plasma concentration of hydroxychloroquine
- Digoxin - may increase plasma concentration of digoxin
- Moxifloxacin - increased risk of ventricular arrhythmias (avoid concomitant use)

Details of contraindications, cautions, drug interactions and adverse effects listed above are not exhaustive. For further information always check with BNF www.bnf.org.uk or SPC (www.medicines.org.uk).

8. Monitoring

Reference: Royal College of Ophthalmologists, October 2009, Hydroxychloroquine and Ocular Toxicity: Recommendations on Screening.

<http://www.rcophth.ac.uk/page.asp?section=451§ionTitle=Clinical+Guidelines>

Pre-assessment treatment

Ask about visual impairment (which is not corrected by glasses).

Record near visual acuity of each eye (with correcting glasses if worn) using a standard reading chart.

If visual impairment is suspected patient should be advised to consult an optometrist. If any apparent impairment is correctable with refraction, treatment may then commence.

Baseline tests – FBC, biochemical profile (to assess renal and hepatic function)

During treatment

Ask patient about visual symptoms and monitor visual acuity annually using the standard reading chart.

Hydroxychloroquine should be stopped and Rheumatology Department consulted if patient develops photophobia/haloes, field defects or reduced acuity.

Discuss with ophthalmologist, if patient on treatment for more than 5 years.

9. Information to patient

Consultant Rheumatologist/Nurse Practitioner will inform patient about expected response to treatment and side effects of medication.

Written information to be given and discussed with patient.

Patients will be advised to attend annual eye test with optometrist and report any changes in their vision to their doctor.

10. Responsibilities of clinicians involved

Stage of Treatment	Hospital Specialist	General Practitioner
Initiation	<p>Assess the patient following referral by GP</p> <p>Recommend appropriate treatment to the GP and send shared care framework.</p> <p>Carry out baseline full blood count, biochemical profile.</p> <p>Check visual acuity and advise patient on further monitoring. (Include details of visual acuity in clinic letter to GP.)</p>	<p>Prescribe on FP10</p> <p>Monitor for adverse effects.</p>
Maintenance	<p>Assess clinical response to treatment</p> <p>Provide adequate advice and support for the GP</p> <p>Discuss with ophthalmologist after 5 years treatment.</p>	<p>Refer back to consultant where necessary</p>

Contact Details:

During Office hours:

Number for patients and non urgent enquiries for staff tel: 01482 675683.
(The helpline number is an answering machine service in which messages are taken at midday Mon - Fri.)

For urgent or staff enquiries only contact consultant secretary via switchboard (01482 875875)

Specialist pharmacists

Interface Pharmacist – Antonio Ramirez (01482) 674306
Rheumatology – Emily Hardaker (01482) 674731

Out of hours: Contact On-call Registrar for Medicine via Switchboard: tel 01482 875875

APPROVAL PROCESS for Shared care Framework

Written by:	<i>Marie Miller, Interface Pharmacist</i>
Consultation process:	<i>Rheumatology, Immunology</i>
Approved by:	<i>MMIG (March 2014)</i>
Ratified by:	<i>HERPC (March 2014)</i>
Review date:	<i>September 2019</i>