Central Manchester University Hospitals NHS
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Greater Manchester Interface Prescribing Group Shared Care Template

Shared Care Guideline for **Hydroxychloroquine for Rheumatological Conditions**		**Reference Number** **CMFT-SCG-004**
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Date approved by Commissioners: **January 2013**	**Review Date:** **January 2015**	

Please complete all sections

1. Licensed Indications	*Licensed for use as a disease modifying anti-rheumatic drug in rheumatoid arthritis, discoid and systemic lupus erythmatosus.*	
2. Therapeutic use & background	*Hydroxychloroquine is considered a disease-modifying anti-rheumatic drug (DMARD) because it can decrease the pain and swelling of arthritis, and it may prevent joint damage and reduce the risk of long-term disability. It is believed that hydroxychloroquine interferes with communication of cells in the immune system.*	
3. Contraindications (please note this does not replace the SPC or BNF and should be read in conjunction with it).	<u>*Contraindications:*</u> *Breastfeeding, pre-existing maculopathy* <u>*Cautions:*</u> *neurological disorders (especially in those with a history of epilepsy), severe gastro-intestinal disorders, G6PD deficiency, acute porphyria, may exacerbate psoriasis, may aggravate myasthenia gravis, in the elderly, renal and liver impairment, pregnancy Manufacturers recommend regular opthalmological examination*	
4. Prescribing in pregnancy and lactation	This drug *can* be prescribed in the *pregnant* patient. Under these circumstances prescribing should be the responsibility of *Specialist. This drug is contraindicated in breastfeeding.*	
5. Dosage regimen for continuing care	Route of administration	*oral*
	Preparations available (include in this section any necessary information relating to availability of special preparations for children or those with swallowing difficulties) *Tablets can be crushed and dispersed in water.*	
	Dose to be prescribed including units, frequency and duration of treatment:	

	Please prescribe: *200mg-400mg daily*		
	Is titration required	**Yes (complete the following section) Yes**	
	Typical regime 200mg-400mg *Maintenance dosage up to a maximum 6.5mg/kg body weight per day. Dosage may be reduced to 200mg daily depending on clinical response. To avoid excessive dosage in obese patients the doses should be calculated on the basis of ideal body weight.*		
	Adjunctive treatment regime *Hydroxychloroquine used as an adjunctive treatment to Methotrexate.*		
	Conditions requiring dose reduction *impaired renal/liver function (refer to the Renal Drug Handbook)*		
	Usual response time *None given*		
	Duration of treatment *ongoing, risk of ocular toxicity increased overtime, important patient maintains under rheumatology follow up.*		
	Treatment to be terminated by *healthcare professional in consultation with Rheumatology Team.*		
	NB. All dose adjustments will be the responsibility of the initiating specialist care unless directions have been specified in the medical letter to the GP.		
6.Drug Interactions ***For a comprehensive list consult the BNF or Summary of Product Characteristics***	The following drugs must <u>not</u> be prescribed without consultation with the specialist: *Amiodarone- increased risk of ventricular arrhythmias avoid concomitant use* *Moxifloxacin- increased risk of ventricular arrhythmias avoid concomitant use* *Mefloquine and Quinine- increased risk of convulsions* *Ciclosporin- increased risk of toxicity* *Known hypersensitivity to 4-aminoquinolone compounds*		
	The following drugs may be prescribed with caution: *Digoxin- possibly increased concentration of digoxin* *Antacids- avoid within 4hr of hydroxychloroquine* *Concomitant administration may increase plasma concentration of methotrexate although they are often used in combination.* *Alcohol-recommended government intake*		
7. Adverse drug reactions *For a comprehensive list (including rare and very rare adverse effects), or if*	**Specialist to detail below the action to be taken upon occurrence of a particular adverse event as appropriate. Most serious toxicity is seen with long-term use and may therefore present first to GPs.**		
	Adverse event System – symptom/sign	**Action to be taken** Include whether drug should be stopped prior to contacting secondary care specialist	**By whom**

significance of possible adverse event uncertain, consult Summary of Product Characteristics or BNF	*Development of blurred vision or changes in visual acuity*	*Stop medication and refer to optometrist and then if appropriate to an ophthalmologist. Also refer to Rheumatology team*	*GP*
	The patient should be advised to report any of the following signs or symptoms to their GP without delay: *Patients should be advised to report any visual disturbances.*		
	Other important co morbidities (e.g. Chickenpox exposure). Include advice on management and prevention and who will be responsible for this in each case: *Annual flu vaccine should be recommended*		
	Any adverse reaction to a black triangle drug or serious reaction to an established drug should be reported to the MHRA via the "Yellow Card" scheme.		
8.Baseline investigations	*List of investigations / monitoring undertaken by secondary care* *FBC* *U&Es* *LFT* *Advised to have visual field assessed by local optician*		
9. Ongoing monitoring requirements to be undertaken by GP	**Is monitoring required?**	**Yes or No (if yes complete following section)** *Yes*	

Monitoring	**Frequency**	**Results**	**Action**	**By whom**
Annual review by an optometrist or enquiring about visual symptoms rechecking visual acuity and assessing for blurred vision using the reading chart.			*Refer to optometrist*	*GP*

10. Pharmaceutical aspects	*e.g. special storage requirements, washout periods Or where there are "no special considerations"* *no special considerations*
11. Secondary care contact information	**If stopping medication or needing advice please contact:** **To contact The Kellgren Centre Rheumatology Manchester Royal Infirmary:** **Enquiries regarding blood monitoring and results please contact the specialist nurses below:** **Specialist Nurse Jane Hawthorne 0161 276 4688** **Specialist Nurse Melissa Aris 0161 701 1454** **Specialist Nurse Carole Hill 0161 701 1454** **Fax number for GP blood results 0161 276 8690** **Consultant contact details below:** **Professor Ian Bruce 0161 276 4626**

	Professor Ann Barton **0161 276 4626** **Dr Kimme Hyrich** **0161 276 4627** **Dr Pauline Ho** **0161 276 4397** **Dr Rachel Gorodkin** **0161 276 4628** **To contact Rheumatology Department Trafford General Hospital:** **Trafford Rheumatology helpline number 0161 746 2162** **Consultant contact details below:** **Dr Frank McKenna** **0161 746 2395** **Dr Preeti Shah** **0161 746 2395**
12. Criteria for shared care	Prescribing responsibility will only be transferred when ▪ Treatment is for a specified indication and duration. ▪ Treatment has been initiated and established by the secondary care specialist. ▪ The patient's initial reaction to and progress on the drug is satisfactory. ▪ The GP has no objection in each individual case that shared care is appropriate. ▪ The patient's general physical, mental and social circumstances are such that he/she would benefit from shared care arrangements
13. Responsibilities of initiating specialist	Initiate treatment. Undertake baseline monitoring. Dose adjustments. Monitor patient's initial reaction to and progress on the drug. Continue to monitor and supervise the patient according to this protocol, while the patient remains on this drug, and agree to review the patient promptly if contacted by the GP. Provide GP with diagnosis, relevant clinical information and baseline results, treatment to date and treatment plan, duration of treatment before consultant review. Provide GP with details of outpatient consultations, ideally within 14 days of seeing the patient *or* inform GP if the patient repeatedly does not attend appointments. Provide GP with advice on when to stop this drug. Provide patient with relevant drug information to enable informed consent to therapy. Provide patient with relevant drug information to enable understanding of potential side effects and appropriate action Provide patient with relevant drug information to enable understanding of the role of monitoring. ----------
14. Responsibilities of the GP	Initiate treatment as directed by the specialist. Ensure no drug interactions with concomitant medicines (see section 6.) To monitor and prescribe in collaboration with the specialist according to this protocol. To ensure that the monitoring and dosage record is kept up to date.

15. Responsibilities of the patient	Symptoms or results are appropriately actioned, recorded and communicated to secondary care when necessary. --- To take medication as directed by the prescriber, or to contact the GP if not taking medication. To attend hospital and GP clinic appointments, bring monitoring booklet (if issued). Failure to attend will result in medication being stopped (on specialist advice). To report adverse effects to their Specialist or GP. Patient to have annual eye check at local optician.
16. Supporting documentation	The SCG must be accompanied by a patient information leaflet. Patient Information Leaflet EMC medicines Hydroxychloroquine Arthritis Research UK Patient Information Leaflet Hydroxychloroquine