Northern Lincolnshire and Goole NHS
NHS Foundation Trust

Prescribing Framework for Hydroxychloroquine in Rheumatic Diseases

Patients Name: …… Unit Number: ……

Patients Address: ……(Use addressograph sticker)

GP's Name: ……..

Communication

We agree to treat this patient within this Prescribing Framework. Consultants Signature:…….. GP's Signature:…….

If the General Practitioner is unable to accept prescribing responsibility for the above patient the consultant should be informed within one week of receipt of this framework and consultant's / nurse specialist's letter. In such cases the GP are requested to update the consultant, by letter, of any relevant changes in the patient's medication / medical condition.

APPROVAL PROCESS

Written by:	**Dr Tim Gillott, Consultant Rheumatologist**
Reference:	**Yorkshire DMARD monitoring guidelines 2014**
Approved by:	**Norther Lincolnshire and Goole Medicines and Therapeutics Committee**
Ratified by:	**Northern Lincolnshire Area Prescribing Committee**
Review Date:	**May 2021**

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.

Indication

Rheumatoid Arthritis, Palindromic Rheumatism, Connective Tissue Diseases (e.g. systemic and discoid lupus) and some photosensitive dermatological conditions.

HYDROXYCHLOROQUINE	
Dose:	Treatment of rheumatoid arthritis, juvenile idiopathic arthritis, discoid and systemic lupus erythematosus, and dermatological conditions caused or aggravated by sunlight. Usually started at a dose of 400mg o.d for the first 3-6 months and then reduced to 200mg daily as a maintenance dose if effective (aim for 3-5mg/kg/day using ideal bodyweight especially when obese)
Baseline tests:	Routine blood/urine monitoring test are not necessary other than: • FBC/U&E/LFT • Ophthalmological screening recommended if pre-existing ocular pathology and especially any retinal condition Impaired renal function and over the age of 70 Not generally recommended where pre-existing maculopathy of the eye.
Routine monitoring:	Renal function annually in over 70's or if pre-existing renal impairment or when known hypertension / diabetes Optician screening: Recommend pre-treatment assessment and then annual visual acuity/fundoscopy. Formal ophthalmological screening is suggested when: After 7 years of continuous treatment or more than 500grams of HCQ in total has been taken – whichever is first If doses of > 6.5mg/kg/day are used (=> 400mg/day for 60kg patient)
Indications for stopping therapy:	**Stop medication and contact local rheumatology service if:** Photophobia/Haloes/Visual field defects/reduced acuity/abnormal colour vision/ pigmentary abnormality/ muscle weakness
Assessment of Response:	For rheumatic disease treatment should be discontinued if there is no improvement by 6 months.

Additional information:	Patients with quinine sensitivity. Use in caution in patients with: • Psoriasis - increased risk of flare • Patients taking medicines which may cause adverse ocular/skin reactions **Severe hypoglycaemia** has been reported, even in the absence of anti-diabetic medication. Hepatic or renal disease, and in those taking drugs known to affect those organs - dosage adjusted accordingly (seek advice from Pharmacy) Important drug interactions: amiodarone, moxifloxacin, ciclosporin, digoxin Antacids (advise a 4 hour interval) Use with caution in patients with a history of epilepsy – may lower seizure threshold
Pregnancy & Breastfeeding:	Generally thought to be safe in pregnancy and breastfeeding
Please refer to licensed datasheet for more comprehensive prescribing information: http://www.medicines.org.uk/EMC/medicine/6977/SPC/Plaquenil+Tablets/ For ophthalmology screening Reference: Royal College of Ophthalmologists Oct 2009, Hydroxychloroquine and Ocular Toxicity Recommendations on Screening.	

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 on how to monitor their vision at home, to attend annual eye test with optometrist and report any changes in their vision to their doctor.

Responsibilities of clinicians involved

Stage of Treatment	Hospital Specialist	General Practitioner
Initiation	Assess the patient following referral by GP Recommend appropriate treatment to the GP and send shared care framework. Prescribe first month of treatment Carry out baseline full blood count, biochemical profile. Check visual acuity and advise patient on further monitoring – give patient information leaflet.	
Maintenance	Assess clinical response to treatment Provide adequate advice and support for the GP	Prescribe on FP10 Monitor for adverse effects. Refer back to consultant where necessary

Contact Details:

Rheumatology Specialist Nurses: 03033 304849