Hydroxychloroquine for control of active joint inflammation

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE
This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of Hydroxychloroquine can be shared between the specialist and general practitioner or non-medical prescriber in primary care (GP). GPs are invited to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In that case, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If a specialist asks the GP to prescribe drugs for this treatment, the GP should reply to this request as soon as practicable.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it. Patients with Rheumatological inflammatory diseases are under regular specialist follow-up. This provides an opportunity to discuss and to monitor drug therapy.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

RESPONSIBILITIES and ROLES

<table>
<thead>
<tr>
<th>Specialist responsibilities</th>
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<tr>
<td>• Ensure that FBC, liver and renal function are within normal parameters to allow Hydroxychloroquine to commence. Ensure maculopathy has been asked about, prior to recommendation.</td>
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<td>• If abnormalities found at baseline inform GP as soon as possible.</td>
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<td>• Initiate treatment with Hydroxychloroquine or advise GP on initiating treatment.</td>
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<td>• Discuss the benefits and side effects of treatment with the patient and inform GP this has occurred.</td>
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<td>• Ask the GP whether he or she is willing to participate in shared care, and agree with the GP as to who will discuss the shared care arrangement with the patient.</td>
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<td>• Review the patient’s condition and monitor response to treatment regularly where indicated.</td>
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<td>• Advise GP if monitoring is needed, and the frequency.</td>
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<td>• Monitor any other parameters considered necessary, or advise GP on which to monitor.</td>
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<td>• Communicate promptly with the GP when treatment is changed or needs to be changed by the GP, any results of the monitoring undertaken, and assessment of adverse events.</td>
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<td>• Have a mechanism in place to receive rapid referral of a patient from the GP in the event of deteriorating clinical condition.</td>
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<td>• Advise GPs on when to stop treatment (if appropriate).</td>
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<td>• Report adverse events to the MHRA via Yellow Card Scheme.</td>
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<td>• Ensure that clear backup arrangements exist for GPs to obtain advice and support.</td>
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General Practitioner responsibilities

- Reply to the request for shared care as soon as practicable.
- Prescribe Hydroxychloroquine at the dose recommended.
- Adjust the dose as advised by the specialist.
- Monitor any parameters considered necessary, if agreed with the specialist to do so.
- Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment.
- Refer patient to specialist if his or her condition deteriorates.
- Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises.
- Report adverse events to the specialist and to the MHRA via the Yellow Card Scheme.

Patient's role

1. Report to the specialist or GP if he or she does not have a clear understanding of the treatment.
3. Report any adverse effects to the specialist or GP.

BACK-UP ADVICE AND SUPPORT

<table>
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<tr>
<th>Contact details</th>
<th>Telephone No.</th>
<th>Email address:</th>
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<tbody>
<tr>
<td>Specialist:</td>
<td>01592 648193</td>
<td><a href="mailto:janegibson@nhs.net">janegibson@nhs.net</a></td>
</tr>
<tr>
<td>Rheumatology Dept</td>
<td>01592 265967 (fax)</td>
<td><a href="mailto:helenharris@nhs.net">helenharris@nhs.net</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:johnmclaren@nhs.net">johnmclaren@nhs.net</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:sharoncullinane@nhs.net">sharoncullinane@nhs.net</a></td>
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Other:
ADTC website - FRDU adverse drug reaction document

SUPPORTING INFORMATION (taken from the SPC)

Licensed indications
Indications – active joint inflammation, usually supported by indices of inflammation.

Dosage and Administration
200mg twice daily (patient weight >65kg).
200mg once a day (patient weight ≤65kg).
Max daily dose 6.5mg/kg (divided doses).

Contraindications and precautions for use
- Contra-indicated in hypersensitivity to 4-aminoquinoline compounds and pre-existing maculopathy of the eye.
- Cautioned in renal and liver impairment; epilepsy (may reduce threshold for convulsions).
- **Hydroxychloroquine does not need to be withdrawn in pregnancy. Breastfeeding is not recommended on manufacturer’s advice.**

Side Effects (also state any specific side-effects which require the consultant to be notified)

Rash, nausea, headache, sun sensitivity, hair lightening, hearing disturbance and pruritis. If these occur they are usually reversible on lowering the dose of Hydroxychloroquine or stopping it.

Rare: ECG changes, convulsions, visual changes, retinal damage. May exacerbate psoriasis.

**Rarely Hydroxychloroquine causes maculopathy. If this occurs Hydroxychloroquine must be stopped and the Rheumatology Department contacted.**

For a complete list of side effects see BNF/ Summary of product Characteristics.

**Monitoring (State specific monitoring to be undertaken by the GP / Consultant)**

**Rheumatologist responsibilities:**
- FBC, liver and renal function are within normal parameters to allow Hydroxychloroquine to commence.
- Maculopathy has been asked about, prior to recommendation with visual acuities recorded.

**General Practitioner responsibilities:**
- Patients will require a 6-12 monthly F.B.C and renal function; this will usually be performed at the Rheumatology out patient clinic.
- The patient should attend for a yearly optician review. A formal ophthalmology examination should be undertaken if the patient complains of visual symptoms.

Drug Interactions
- Increased risk of ventricular arrhythmias with amiodarone, moxifloxacin and quinine: avoid concurrent use.
- Plasma concentration of digoxin increased.
- Mefloquine should be avoided (increased risk of convulsions).
- Avoid antacids within 4hrs of dose.

For a complete list of drug interactions please see the BNF / Summary of Product Characteristics.

**Cost** (July 2012)

60 X 200mg tablets = £5.15