



**Pan Mersey**  
Area Prescribing Committee

## HYDROXYCHLOROQUINE

This medicine has been categorised as Amber Patient Retained by the Pan-Mersey Area Prescribing Committee

Your patient has been identified as being suitable to receive hydroxychloroquine 200mg tablets in accordance with the indication detailed below. He/she has been started on treatment and has been reviewed to assess the efficacy and adverse effects of the treatment by the specialist team.

This medicine has been considered as appropriate for prescribing in primary care and the information contained in this document has been provided to support you to prescribe the medicine for your patient in the community.

Your patient will remain under the care of the specialist team whilst receiving this medicine.

### Hydroxychloroquine

Hydroxychloroquine is considered a disease-modifying drug (DMD) 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.

Dose adjustments and monitoring requirements for hydroxychloroquine, (licensed and unlicensed indications) included in this guidance are in line with national guidance published by the British Society for Rheumatology 2017.

Transfer of prescribing to primary care is after the dose has been stabilised.

### Licensed Indications

- Rheumatoid arthritis
- Discoid and systemic lupus erythematosus
- Photosensitive dermatological conditions

### Locally agreed off-label use

- Interstitial lung disease
- Other rheumatology conditions including connective tissue disease and osteoarthritis
- Rosacea
- Jessners porphyria

### Drug, Form and Dose

The usual dose is 200 – 400mg daily. Dose should not exceed 5mg/kg actual body weight and should be adjusted according to renal function.

See table 4 in the [BSR monitoring guideline](#) for recommended dosing in CKD.

Doses should be taken with a meal or a glass of milk.

### Available Preparations

Hydroxychloroquine is available as 200mg film coated tablets.

### Monitoring recommendations

All patients planning to be on therapy long term (> 5years) should have a baseline formal ophthalmological assessment within the first 12 months of treatment. After 5 years of therapy, patients should have annual ophthalmological screening. Screening will be according to locally agreed protocols and follow the 2018 Royal College of Ophthalmology guidelines.

It is the responsibility of the hospital specialist to refer for eye screening. Results of eye screening will be communicated to the GP.

### How long the medicine should be prescribed for

The duration of treatment will be determined by the specialist based on clinical response and tolerability. Termination of treatment will be the responsibility of the specialist.

### Contra-indications

- Known hypersensitivity to 4-aminoquinoline compounds e.g. chloroquine
- Pre-existing maculopathy of the eye

### Adverse effects

For a comprehensive list consult the Summary of Product Characteristics. [SPC](#)

Adverse effect	Action
Rash	Stop drug and contact Specialist Nurse for advice and management.
Nausea, vomiting, diarrhoea	Discuss with Specialist Nurse
Development of blurred vision or changes in visual acuity	Stop medication, see optician and contact Specialist Nurse for advice.

Seek advice from the initiating Specialist if there are any concerns about adverse effects.

### Interaction with other medicines

For a comprehensive list consult the BNF or Summary of Product Characteristics

Seek advice from the initiating Specialist if there are any concerns about interactions.

### Please contact the specialist team if any of the following occur:

- Development of blurred vision or changes in visual acuity
- If the patient suffers any other adverse reactions
- If the patient decides to discontinue treatment for any reason
- Any deterioration in symptoms should be reported to the specialist team

### Other information

Hydroxychloroquine can be continued during pregnancy and it is compatible with breastfeeding. Men should not be discouraged from taking hydroxychloroquine while trying to conceive

(BSR & BHPR guideline on prescribing in pregnancy and breastfeeding)

### Contact details for advice

Please refer to the contact details included in the clinic letter issued by the specialist.