

## Hydroxychloroquine Shared Care Agreement

For treatment of rheumatoid arthritis / connective tissue disease / autoimmune rheumatic disease in adults

### SECONDARY CARE SECTION TO BE COMPLETED BY INITIATING CLINICIAN

Patient's Name:	.....	NHS Number:	.....
Date of Birth:	.....	Date Treatment Started:	.....
Copy of information given to patient	<input type="checkbox"/>		
Copy of agreement to general practitioner	<input type="checkbox"/>		
Name of Initiating Nurse Specialist / Doctor:			
Consultant:			
Speciality: RHEUMATOLOGY			
Email: trauma.ortho@nhs.net			

### PRIMARY CARE SECTION TO BE COMPLETED BY GENERAL PRACTITIONER

I agree\*/don't agree\* to enter into a shared care arrangement for the treatment of the above patient with this medicine (\*delete as appropriate)

GP Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once signed please detach this sheet and Email to the number shown above.

### BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.	Extension:	Fax or e-mail address
<b>Consultant Rheumatologists:</b> Dr. Situnayake Dr Elamanchi Dr DePablo Dr Prabu Dr Tosounidou Dr Baskar Dr Chandatre Dr McGrath	01922 721172	Ext. 7882 (secretary)	<a href="mailto:deva.situnayake@nhs.net">deva.situnayake@nhs.net</a> <a href="mailto:srinivasa.elamanchi@nhs.net">srinivasa.elamanchi@nhs.net</a> <a href="mailto:paola.de-pablo@nhs.net">paola.de-pablo@nhs.net</a> <a href="mailto:a.prabu@nhs.net">a.prabu@nhs.net</a> <a href="mailto:stosounidou@nhs.net">stosounidou@nhs.net</a> <a href="mailto:sangeetha.baskar@nhs.net">sangeetha.baskar@nhs.net</a> <a href="mailto:priyankachandatre@nhs.net">priyankachandatre@nhs.net</a> <a href="mailto:catherine.mcgrath@nhs.net">catherine.mcgrath@nhs.net</a>

<b>Rheumatology Nurse Specialists: Susan Ward Marcia Daley</b>	01922 721172	Ext 7265  Bleep 8053	<a href="mailto:susan.ward31@nhs.net">susan.ward31@nhs.net</a> <a href="mailto:marciadaley@nhs.net">marciadaley@nhs.net</a>
<b>Hospital Pharmacy Dept: Jiten Vyas</b>	01922 721172	Ext. 7534	

### 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 for the treatment of autoimmune rheumatic disease can be shared between the specialist and general practitioner (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 such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. **If a specialist asks the GP to prescribe this drug, 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. **The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.**

#### Aspects of Care for which the Hospital Specialist is Responsible:

- Perform baseline tests (FBC, LFTs, U+Es). Check with patient about visual impairment (notcorrected by glasses). **Request baseline eye assessment from ophthalmologist and recommend annual review by an optometrist.**
- Initiate and stabilise treatment with hydroxychloroquine sulfate film coated tablets (Zentiva).
- Discuss the benefits and side effects of treatment with the patient.
- Ask the GP whether he or she is willing to participate in shared care.
- Periodically review the patient's condition and communicate promptly with the GP when treatment is changed.
- Advise the GP on when to adjust the dose, stop treatment, or consult with specialist.
- Report adverse events to the MHRA and GP.
- Ensure that clear backup arrangements exist for GPs to obtain advice and support.

#### Aspects of Care for which the General Practitioner is Responsible:

- **Reply to the request for shared care as soon as practicable.**
- **Prescribe Hydroxychloroquine (Zentiva) at the dose recommended and adjust the dose as advised by the specialist.**
- **Ensure compatibility with other concomitant medication.**
- **Ask patient about visual symptoms and monitor visual acuity annually; refer to ophthalmologist if visual acuity changes or if vision blurred. Inform specialist of visual problems.**
- **Stop treatment on the advice of the specialist and prompt referral to specialist when clinical suspicion of adverse effects, loss of efficacy, worsening of disease related symptoms.**
- **Report adverse events to the specialist and MHRA.**

### Aspects of Care for which the Patient is responsible:

- Report to the specialist or GP if he or she does not have a clear understanding of the treatment.
- Inform specialist or GP of other medication being taken, including over-the-counter products.
- Attend for annual eye assessment (ideally including Optical Coherence Tomography) if medication continued for > 5 years).
- Report any adverse effects or symptoms to the GP or specialist, especially changes in visual acuity (Rheumatology Helpline 01922 721172 ext 7265).

### Dosage and Administration

- Hydroxychloroquine (Zentiva) is given daily by mouth and is available as 200mg tablets.
- 200-400mg daily (but not exceeding 6.5mg/kg daily based on ideal bodyweight)

### Monitoring

- The Royal College of Ophthalmologists recommend annual review either by an optometrist or by enquiring about visual symptoms, rechecking visual acuity and assessing for blurred vision using the reading chart.
- Patients should be advised to report any visual disturbance
- Refer to ophthalmologist if visual acuity changes or if vision blurred and warn patient to seek the specialist's advice about stopping treatment
- No routine laboratory monitoring required.
- **Patients remaining on Hydroxychloroquine for more than 5 years should be offered annual eye assessments to screen for retinal toxicity (ideally including Optical Coherence Tomography). Secondary care to arrange.**

**GP's responsible for:** Enquiring about visual symptoms annually. Refer to ophthalmologist if visual acuity changes or seek the specialist's advice about stopping treatment

### Action to be taken:

- Development of blurred vision or changes in visual acuity - Stop medication and refer to optometrist.
- Inform Rheumatology team.

### Adverse effects, precautions and contraindications:

- Contraindications: Known hypersensitivity to 4-aminoquinoline compounds. Pre-existing maculopathy of the eye.
- Side effects are rare with hydroxychloroquine. Occasionally patients experience diarrhoea, loss of appetite, nausea, headache, double vision or skin rash or pigmentation. Symptoms usually resolve on reducing the dose or on stopping treatment.
- High doses of hydroxychloroquine may be associated with a maculopathy, presenting with impaired visual acuity and central visual field disturbance. However this is exceedingly rare. Several series have found no cases of toxicity in patients taking 400mg daily or less. Reversible if identified early and hydroxychloroquine discontinued. If allowed to develop, there may be a risk of progression even after treatment withdrawal.
- Other rare effects: tinnitus, hearing loss, bone-marrow depression; abnormal liver function tests

### Drug Interactions: (For a full list of interactions, please consult data sheets/SPC)

- Hydroxychloroquine should not be prescribed with amiodarone, ciclosporin, droperidol, mefloquine or moxifloxacin.
- **Digoxin:** Concomitant administration may cause an increase in plasma concentration of digoxin

## References

Prescribing and monitoring of DMARDs for inflammatory arthritis. Arthritis Research Council, 2005  
<http://www.arthritisresearchuk.org/shop/products/publications/information-for-medical-professionals/hands-on/series-4/ho8.aspx>

BSR / BHPR guideline for disease-modifying anti-rheumatic drug (DMARD) therapy, 2017

Summary of Product Characteristics (SPC) of Hydroxychloroquine.

British National Formulary 70th edition, March 2015

BNSSG Joint Formulary DMARD Monitoring Advice Guidance

<http://www.bnssgformulary.nhs.uk/includes/documents/HCQ%20concise%20advice%20sheet%20Sept12.pdf>