SHARED CARE AGREEMENT

Name of medicine Hydroxychloroquine

Indication For the treatment of inflammatory rheumatic diseases

Version: **2.1** Approval date: **December 2019** Review date: **December 2022**

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer's Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Procedure for the Shared Care of Medicines, available here.

Roles and responsibilities

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care. Please refer to the policy for core roles and responsibilities that apply to all Shared Care Agreements.

Consultant

- Assessing the need for hydroxychloroquine therapy.
- Undertaking and assessing the relevant baseline investigations.
- Arranging for the patient to receive verbal and written information on hydroxychloroquine.
- Advising the patient to attend an optometrist to have baseline eye assessment and for ongoing eye testing as appropriate; encouraging patients to report any changes in vision to their GP.
- Treatment will be initiated by the consultant and the supply made by secondary care for the first 8 weeks. During this time rheumatology will provide comprehensive patient support including monitoring for adverse effects, addressing any treatment-related issues and responding to patient queries via the patient helpline.
- Making arrangements for the patient to be reviewed 3-4 months after initiation of treatment to assess response.
- Providing advice to the GP regarding monitoring, adverse effects and dose modifications when required.
- Specialist service to refer patients for vaccinations which are out with routine vaccination schedules or recall programmes via the clinician referral form (http://intranet.lothian.scot.nhs.uk/Directory/publichealth/Immunisation/Pages/VTP-(Vaccine-Transformation-Programme).aspx). Please note that Patient Specific Directions (PSD) are required for bespoke vaccination schedules where there is no PGD in place. The referral forms should be sent to the partnership that is responsible for administering vaccinations to their residents.
- Making arrangements for the patient to be kept under long term review.

General Practitioner and primary care non-medical prescribers

- Prescribing hydroxychloroquine in consultation with the specialist after the first 8 weeks.
- Monitoring for side effects as detailed in Summary of Product Characteristics. Routine blood monitoring is not required.

Patient, Relatives, Carers

- As listed in the NHS Lothian Policy and Procedures for the Shared Care of Medicines.
- Eye testing as advised by rheumatologist. Any changes in vision must be reported by the patient to their GP.
- Patients can access advice via the rheumatology patient helpline by calling 0131 537 1405.

Support and Advice for the GP

SPR or Rheumatology Consultant on call 13.00-17.00 on weekdays and 09.00-12.00 on Saturdays and public holidays via the switchboard (0131 537 1000). Urgent queries outwith these times will be dealt with by the on-call medical team.

GPs can access advice from the rheumatology specialist service using the rheumatology on call e-mail which aims to give advice with a 24 hour response time: rheumatology.oncall@nhslothian.scot.nhs.uk. Advice will be communicated back to the GP by e-mail. The GP should copy in the practice's clinical e-mail address and ask that the reply is sent to all, so that the reply is picked up even if the sender is not available.

Key Information on the Medicine

Please refer to the current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Helpful information on DMARDs can be found in the 2017 British Society for Rheumatology (BSR) *Guideline for the prescription and monitoring of non-biologic Disease-Modifying Anti-Rheumatic Drugs*.

Link: https://www.rheumatology.org.uk/Knowledge/Excellence/Guidelines

Background to disease and use of drug for the given indication

Hydroxychloroquine is used either as monotherapy or in combination with other DMARDs in the management of a number inflammatory rheumatic conditions.

Dosage and Administration

The usual dose is:

- 200mg twice daily (patient weight >61.5kg)
- 200mg once a day (patient weight ≤61.5kg)

Certain patients may be prescribed a higher dose (up to 600mg daily). For example some rheumatologists may advise that this dose is used for individual patients of higher body weight.

Caution is required with hepatic and renal impairment.

Renal impairment requires dose adjustment (see www.bnf.org).

Monitoring

Routine blood monitoring is not required.

Test	Frequency	Abnormal Result	Action if Abnormal Result
Weight	As needed through observations of change in weight	Increase in weight above 61.5kg or decrease in weight below 61.5kg	Review dose of hydroxychloroquine depending on whether weight is above or below 61.5kg
Eye test	Rheumatologist will advise patient to make an appointment with an optometrist for an eye test at baseline. Patients should be reviewed by an optometrist after five years of treatment and annually thereafter. Annual monitoring is recommended after five years because the incidence of ocular toxicity prior to this is extremely rare.		

Cautions - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Contraindications - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Adverse effects - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Drug interactions - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Vaccinations –

- Individuals who on immunosuppressant therapy should be given inactivated vaccines in accordance with national recommendations.
- It is recommended that patients with autoimmune inflammatory diseases on immunosuppressant therapy should be offered pneumococcal, COVID19 and influenza vaccination.
- Immunosuppressed patients who are 70 to 79 years of age should be offered the varicella-zoster vaccine, Shingrix, to help protect them against shingles. Shingrix is a non-live alternative to the live shingles vaccine, Zostavax.
- When considering suitability for live vaccines concurrent DMARD therapy should also be taken into account.
- For further information see: https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

The presence of this SCA does not compel a primary care prescriber to prescribe if they feel that it is out with the scope of their competencies (as per GMC guidance on safe prescribing) or resources, as ultimate responsibility lies with the prescribing, not the recommending, clinician.

Approved for use by the Shared Care Review Group
December 2019