SHARED CARE PRESCRIBING GUIDELINE HYDROXYCHLOROQUINE IN ADULT PATIENTS WITH RHEUMATOID ARTHRITIS

DOCUMENT DETAILS

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Related documents	*NICE National Clinical Guideline: Rheumatoid Arthritis, February 2009*
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Relevant external law, regulation, standards	
Comments on this document to:	*Clinical Governance Pharmacist c/o Pharmacy Department, Guy's Hospital*

CHANGE HISTORY

Date	*Change details*	*Approved by*

Hydroxychloroquine
Rheumatoid Arthritis

NOTES to the GP

The information in the shared care guideline has been developed in consultation with Primary Care and it has been agreed that it is suitable for shared care.
This document should provide sufficient information to enable you to make an informed decision regarding the clinical and legal responsibility for prescribing this drug.

The questions below will help you confirm this:

- Is the patient's condition predictable or stable?
- Do you have the relevant knowledge, skills and access to equipment to allow you to monitor treatment as indicated in this shared care prescribing guideline?
- Have you been provided with relevant clinical details including monitoring data?

If you can answer YES to all these questions (after reading this shared care guideline), then it is appropriate for you to accept prescribing responsibility.
If the answer is NO to any of these questions you should contact the requesting consultant or your local PCT medicines management team. It would not normally be expected that shared care prescribing would be declined on the basis of cost.

Prescribing should follow requirements in the South East London Interface Prescribing Policy
The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use. The patient's best interests are always paramount

Date shared care guideline prepared: 28/10/2009

Approved by: PCT Medicines management Committee
NHS Lambeth 19/5/2010
NHS Southwark 26/4/2010

Approved by DTC or equivalent Date approved:
Guy's & St Thomas' 27/4/2010
King's College 24/5/2010

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AGREEMENT TO PARTICIPATE IN SHARED CARE

HYDROXYCHLOROQUINE IN ADULT PATIENTS WITH RHEUMATOID ARTHRITIS

Consultant Name:	**Patient name:**
Consultant signature:	**Patient Hospital Number:** **Patient NHS Number:**
Date completed: **Hospital:**	**Patient Agreement** ☐ **Patient agrees to shared care** ☐ **Patient does not agree to shared care**
GP Name	**Specialist Rheumatology Nurse Name**
GP Signature	**Specialist Rheumatology Nurse Signature**
Date completed:	**Date completed:**

ACTION

1. Consultant Rheumatologist

- Explain shared care to patient and obtain agreement.
- Indicate requesting hospital.
- Complete and sign agreement.
- Fax full shared care guideline (including signed agreement to GP) - fax numbers at **http://www.nhs.uk**.
- Place original in notes.

2. General Practitioner

- If **in agreement** to participate in shared care, sign and fax back to Rheumatology Department:
  - Guy's & St Thomas': 020 7407 7532
  - King's College: 020 3299 1734
- If **not in agreement** to participate in shared care, contact consultant and local PCT medicines management team within 2 weeks of receipt to discuss. If after discussion it is agreed not to undertake shared care for this patient, both the consultant and the local PCT Medicines Management team should be informed.
- Once decision reached file copy in patient's notes.

3. Specialist Rheumatology Nurse

- Once received completed agreement by Consultant and GP, sign to confirm awareness that the patient will be under shared care.
- Take any necessary actions prior to shared care commencing (changing of appointments etc).
- Original to be filed in Patient's clinical record.

Attach patient addressograph or enter: Patient name Patient hospital number Patient NHS number Date of Birth

Hydroxychloroquine

1. CIRCUMSTANCES WHEN SHARED CARE IS APPROPRIATE

- Prescribing responsibility will only be transferred when the consultant and the GP are in agreement that the patient's condition is stable or predictable.
- The hospital will provide the patient with a supply of therapy until the patient is stable.

2. AREAS OF RESPONSIBILITY

Consultant	GP
▪ Establish or confirm diagnosis and assess patient suitability for treatment ▪ Baseline monitoring FBC, U&E's, Creatinine, LFT's, ESR, CRP, assessment of visual acuity ▪ Discuss treatment (including adverse effects) with patient and ensure they have a clear understanding of it. Where appropriate obtain signed consent. ▪ Provide patient with Arthritis Research Campaign Patient information leaflet on hydroxychloroquine ▪ Inform patient of visual disturbances and need for regular optometrist review see monitoring requirements/practical issues. Inform patient to report any visual disturbances. ▪ Prescribe and monitor treatment according to local guideline or formulary until patient's condition is stable or predictable ▪ Once the patient's condition is stable fax a completed and signed shared care guideline with patient details completed to GP for consideration ▪ Continue to monitor all patients on biologic therapy. Shared care will not be sought for biologic therapy (anti-TNF's, rituximab). ▪ Ensure contact details (section 4) are up to date. *After agreement to shared care* ▪ Inform GP when patient is stable ▪ Inform GP of abnormal monitoring results and any changes in therapy or disease state ▪ Evaluate adverse events reported by GP or patient ▪ Report suspected adverse effects to the MHRA: http://www.yellowcard.gov.uk ▪ Carry out ongoing monitoring and follow up accordingly to shared care guidelines including continued need for therapy.	▪ Consider shared care once the patient's condition is stable ore predictable ▪ Respond within 2 weeks of receipt ▪ If named GP is not available over the next week pass request to a GP colleague ▪ If in agreement to share care, confirm by faxing a signed copy of page 3 back to the Rheumatology Department. ▪ If not in agreement to share care discuss with requesting consultant or local PCT medicines management team within 2 weeks of receipt of shared care request *After agreement to shared care* ▪ Prescribe dose as recommended once the patient's condition is stable or predictable ▪ Monitor general health of patient (discuss with rheumatologist if concerned) and check adverse effects as appropriate ▪ Inform specialist consultant of suspected adverse effects ▪ Report suspected adverse effects to the MHRA: http://www.yellowcard.gov.uk ▪ Stop treatment on advice of specialist or immediately if urgent need arises ▪ Check compatibility interactions when prescribing new or stopping existing medication ▪ Carry out monitoring and follow up according to shared care guideline ▪ Discuss any abnormal results with specialist consultant and agree any action required ▪ Only ask specialist to take back prescribing should unmanageable problems arise. Allow an adequate notice period of at least 4 weeks.

3. PATIENT'S RESPONSIBILITIES

- Attend all hospital and GP appointments
- Take medicines as agreed
- Arrange regular review by optometrist as advised by consultant and inform GP of results
- Report any adverse effects (including any visual disturbances) to GP, hospital doctor or specialist nurse
- Do not share medicines
- Inform hospital and GP of any changes in address or telephone numbers
- Inform GP, hospital doctor, specialist nurse or pharmacist about any medicines taken (including over-the-counter)

4. COMMUNICATION AND SUPPORT

Hospital contacts

Kings College Hospital

Rheumatology Consultants: 0203 299 9000 Telephone (Secretary)

Dr E. Choy	Ext 1732
Dr P. Gordon	Ext 1735
Professor Scott	Ext 1731
Dr S. Steer	Ext 1733
Locum	Ext 5611

Rheumatology Nurse Specialist Advice Line (Monday to Friday 09:00 – 17:00)
Tel: 020 3299 8568 Fax: 020 3299 1734

Rheumatology Specialist Registrar via hospital switchboard 020 3299 9000

Pharmacist:
For Drug Information queries: 0203 299 9000 ext 3007

Guys and St Thomas's Hospital

Rheumatology Consultants:
Dr T Gibson, 020 7188 5867 or pager 881870 via switchboard.
Prof A. Cope 020 7188 5884
Dr B. Kirkham 020 7188 5884
Dr S. Agarwal 020 7188 5867

Rheumatology Nurse Specialist Advice Line (Monday to Friday 09:00 – 17:00)
Tel: 020 7188 5896 Fax: 020 7407 7532

Rheumatology Registrar via hospital switchboard 020 7188 7188 (Monday to Friday 09:00 – 17:00)

Rheumatology Consultant oncall available via hospital switchboard 020 7188 7188

Medicines Information 020 7188 5008 (St Thomas'), 020 7188 8748 (Guy's)

Attach patient addressograph or enter: Patient name Patient hospital number Patient NHS number Date of Birth

Hydroxychloroquine

5. CLINICAL INFORMATION

Indication(s):	Rheumatoid Arthritis
Place in Therapy:	Disease modifying anti-rheumatic drug (DMARD)
Dose & route of administration:	200-400mg/day oral (max 6.5mg/kg or 400mg daily – whichever is lowest)
Duration of treatment	Indefinitely if patient is responding well to treatment and in absence of significant side effects
Criteria for stopping treatment	Failure to respond to treatment or adverse effects necessitating withdrawal. **Withhold and discuss with Rheumatologist if any of the following occur:** Visual disturbances Renal impairment GFR < 50ml/min
Monitoring Requirements including frequency:	**Consultant:** **<u>Baseline</u>** Full blood count, electrolytes, creatinine, liver function tests, erythrocyte sedimentation rate, C-reactive protein. G6PD status should be considered in at risk ethnic groups. Ask about visual impairment which is not corrected by glasses. Record near visual acuity of each eye (with reading glasses if worn) using a test type – or the reading chart. If no abnormality detected, commence treatment. If an abnormality detected refer first to an optometrist. Advise patients with a cumulative dose greater than 200g to have more frequent optometrist reviews. **<u>Ongoing</u>** Nil **<u>Following dose changes</u>** Nil **GP:** **<u>Ongoing</u>** The Royal College of Ophthalmologists recommend an annual review by an optometrist to enquire about any visual symptoms, recheck visual acuity and assessing for blurred vision using a reading chart. Advise patients with a cumulative dose greater than 200g, renal impairment, visual acuity below 6/8 or age above 65 years old to have more frequent optometrist reviews.

Follow up arrangements	**Consultant Rheumatologist:** Subject to response to treatment: 3 monthly, 6 monthly or 12 monthly if well controlled and stable. Within 2 weeks of each clinic attendance, write/fax or telephone GP to advise on: • review, duration or discontinuation of treatment • recent blood test results • frequency of monitoring • any adverse effects experienced and consequent actions • non-attendance and any consequent actions **GP:** Check patient has arranged annual review by optometrist. Request patient seen earlier if disease flare or adverse effects experienced between appointments.
Practical issues including other relevant advice/information:	**Adverse Effects** GI disturbances, headache, rashes, pruritus, retinal damage. **Eye Checks** Patients older than 65 or patients with renal impairment should have eye checks more frequently than once a year. **Pregnancy and Breast Feeding** Hydroxychloroquine has been used relatively safely in pregnancy. Discuss with rheumatologist if patient is considering family planning. Patients on hydroxychloroquine must not breast feed. **Clinically Significant Drug Interactions** (refer to BNF for full list) • **Amiodarone** (avoid - ↑ risk of ventricular arrhythmias) • **Moxifloxacin** (avoid - ↑ risk of ventricular arrhythmias) • **Digoxin** (may ↑ digoxin levels - check for signs of toxicity and monitor levels if appropriate) • **Ciclosporin** (↑ ciclosporin levels - monitor levels and check for signs of toxicity) • **Artemether with lumefantrine** (avoid - ↑ risk of convulsions) • **Mefloquine** (avoid - ↑ risk of convulsions) • **Droperidol** (avoid increased risk of ventricular arrhythmia's)
Information provided	Arthritis Research Campaign Leaflet: Hydroxychloroquine. Patient Held Monitoring Booklet
Evidence Base for treatment and Key references:	NICE National Clinical Guideline: Rheumatoid Arthritis, February 2009 BSR/BHPR guideline for disease-modifying anti-rheumatic drug (DMARD) therapy in conjunction with the British Association of Dermatologists. 2008. BSR/BHPR DMARD quick reference guideline November 2009. British National Formulary 59 Summary of Product Characteristics - Plaquenil Renal Drug Handbook, 3rd Edition, Radcliffe Publishing.

NB: for full details of adverse effects and drug interactions refer to latest Summary of Product Characteristics