Shared Care Fact Sheet - Hydroxychloroquine

Rheumatology Sub-Stream

This document is available under "Resources" at https://metronorth.health.qld.gov.au/specialist_service/refer-your-patient/rheumatology

Many patients with Rheumatoid Arthritis (RA), Systemic Lupus Erythematosus (SLE) or other Connective Tissue Diseases (CTD) are suitable for rheumatologist/GP **shared care** hydroxychloroquine (HCQ) management. MNHHS rheumatologists advocate this where appropriate (including for this patient if this document accompanies a clinic letter). Sharing care can improve specialist access and enhance patient compliance and satisfaction.

Please complete the following for your patient:

☐ **Review vaccination status** – COVID, pneumococcal and yearly flu vaccinations recommended. Live vaccines (eg MMR, Varicella Zoster) are not contraindicated by the use of HCQ. Biological and targeted synthetic DMARDs are a contraindication to live vaccines.
Table of Vaccinations for Rheumatology Patients

☐ **Arrange clinical review** as appropriate and ensure required pathology testing is done with results actioned appropriately - *see A:Pathology testing and B:Possible side effects.*

☐ **Please contact the Rheumatology team if you have any concerns (Registrar via switch)**

A: Pathology testing

- **Routine blood tests are not required for HCQ per se.** Disease monitoring before rheumatology review with **ESR/CRP** is usually required with additional tests as indicated by the specialist or for comorbid considerations (see below). **Results should always go to GP and rheumatologist**
- Please review the patient in the context of the clinic letter to assess symptoms, possible side effects and to action abnormal results. If the protocol outlined below recommends a change in treatment, please forward details to the rheumatology clinic
- If co-prescribed methotrexate (MTX) or leflunomide (LEF) monitor as for these medications
- Regular cardiovascular risk review, including lipids, is advisable for all patients with autoimmune disease

If your patient has elected to use Queensland Health pathology, they have been provided with a form. If your patient wishes to use a private pathology provider, their GP will need to issue pathology forms. The rheumatologist may have given them a form for their first test. Ensure your details are in the cc field.

B: Possible side effects

- About 10% of patients experience loss of appetite, nausea, reflux, diarrhoea and/or abdominal pain
  - these can be minimised by starting with a lower dose and they may reduce with time
  - a bitter taste can be reduced by taking with food or milk
- Less common side effects include rashes and increased sun sensitivity / skin pigmentation
- Very rare effects include thinning of the hair, ringing in the ears, bleaching of the skin and/or hair, and weakness of the leg muscles
- If adverse effects are intolerable, HCQ should be ceased and early rheumatology review arranged
- HCQ may cause temporary blurring of vision due to corneal deposits. This resolves on drug cessation
- Serious eye problems involving the retina are extremely rare
  - The risk is higher in those taking >5mg/kg/day for longer than 5 years, or in those with liver or renal dysfunction
  - In the past eye toxicity was not reliably detectable before vision decline on an acuity chart. Newer technologies allow toxicity to be detected before any visual loss
  - An eye review within the first year of treatment, followed by annual screening after 5 years of treatment is recommended for all patients taking <5mg/kg/day. Consider software reminders for this.

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- More frequent screening is recommended for patients over 70 years, on higher doses, with renal impairment and/or with visual problems, or on tamoxifen. If concerns, consider withholding medication pending ophthalmology review.
- If the dose is < 5mg/kg/day and the patient has normal renal and hepatic function the risk of eye toxicity is negligible with exposure of <5 years.

C: Links

The ARA website (rheumatology.org.au) has more information including COVID advice and vaccine information:
Medications: Rheumatology Medication Information
Pregnancy: Rheumatology Medications for Autoimmune Rheumatic Diseases in Pregnancy
Vaccines: Table of Vaccinations for Rheumatology Patients

HealthPathways is a valuable GP decision-support tool which includes sections on all major rheumatology conditions: HealthPathways Brisbane North (communityhealthpathways.org) Username: Brisbane Password: North

Further Information

Dose titration will be directed by the rheumatologist:

- HCQ tablets are available in 200 mg strength
- The recommended dose is up to 5mg/kg/day of current body weight
- Maintenance doses of <5mg/kg/d minimise the risk of eye toxicity. Higher initial doses may be used as directed by the specialist
- HCQ can be taken once or twice a day
- PBS allows 100 tablets and 1 repeat which may not last if specialist appointments are 6-12 monthly - please assist with ongoing prescriptions
- HCQ is a slow acting DMARD - response is seen at 8-12 weeks with maximum benefit at 6 months

HCQ and interactions:

- DIGOXIN: concomitant use of HCQ may result in increased serum digoxin - monitor digoxin levels closely
- HYPOGLYCAEMICS: HCQ may enhance effects necessitating decreased doses of insulin/anti-diabetic drugs
- ARRHYTHMOGENICS (eg. AMIODARONE): may increase risk of ventricular arrhythmias if used with HCQ
- CICLOSPORIN: increased plasma ciclosporin levels have been reported when co-administered with HCQ
- ANTIMALARIALS: HCQ can lower the convulsive threshold - co-administration with other antimalarials known to do this (e.g. mefloquine) may increase risk further
- ANTIEPILEPTICS: activity of antiepileptic drugs might be impaired if co-administered with HCQ
- TAMOXIFEN: associated with increased ocular toxicity

HCQ and infections:

- Patients can usually continue HCQ while being treated with oral antibiotics

HCQ can be taken with other medications including:

- Other DMARDs including MTX, LEF, SSZ, biological and targeted synthetic DMARDs
- Steroids such as prednisolone
- NSAIDs / low dose aspirin / paracetamol

HCQ and alcohol:

- It is not known precisely what level of drinking is safe when on HCQ
- Maximum intake should remain within NHMRC alcohol consumption guidelines
- Drinking >4 std. drinks on one occasion, even infrequently, is strongly discouraged

HCQ and pregnancy:

- HCQ is pregnancy-compatible and can be taken whilst breastfeeding
- Despite the TGA category D label, it is an extremely safe drug for both the mother and the fetus and should not be stopped before, during, or after pregnancy as the risk to the mother and fetus from uncontrolled inflammatory disease is significant.