Shared Care Agreement: Hydroxychloroquine

This Shared Care Protocol sets out details for the sharing of care for patients prescribed hydroxychloroquine for patients within adult services. This protocol is for use within indications listed on page 5.

It should be read in conjunction with the latest Summary of Product Characteristics (SPC) available on the electronic medicines compendium.

As outlined in NHS England Guidance 2018 "Responsibility for Prescribing between Primary & Secondary/Tertiary Care. When a specialist considers a patient's condition to be stable or predictable, they may seek the agreement of the primary care clinician concerned (and the patient) to share their care.

This document provides information on drug treatment for the shared commitment between the consultant and primary care clinician concerned. Primary care clinicians are invited to participate. If the primary care clinician is not confident to undertake these roles, then they are 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. The doctor who prescribes the medication has the clinical responsibility for the drug and the consequences of its use.

N.B. If the primary care clinician decides not to participate in shared care for a particular patient, they must inform the relevant specialist in writing, within 14 working days of receipt of a request to share care unless exceptional circumstances apply.

Introduction

This shared care guideline sets out details to support the transfer of responsibility for prescribing hydroxychloroquine for any of the indications listed on page 5, from specialist to primary care. For further information please click on the links below: British National Formulary
electronic medicines compendium

Ratification Process	Details
Authored by:	Cambridgeshire and Peterborough Integrated Care System
Ratified by:	Cambridgeshire and Peterborough Joint Prescribing Group
Date ratified:	March 2026
Review date:	March 2029
Version number:	2

Classification: Official

Publication approval reference: PAR1621_xii

National shared care protocol: Hydroxychloroquine for patients within adult services

4 July 2022, Version 2 – Reviewed for use locally in NHS Cambridgeshire and Peterborough

The content of this shared care protocol was correct as of January 2022. As well these protocols, please ensure that summaries of product characteristics (SPCs), British national formulary (BNF) or the Medicines and Healthcare products Regulatory Agency (MHRA) or NICE websites are reviewed for up-to-date information on any medicine.

Specialist responsibilities

- Assess the patient and provide diagnosis; ensure that this diagnosis is within scope of this shared care protocol (section 2) and communicated to primary care.
- Use a shared decision making approach; discuss the benefits and risks of the treatment with the patient and/or their carer and provide the appropriate counselling (see section 11), to enable the patient to reach an informed decision. Obtain and document patient consent. Provide an appropriate patient information leaflet.
- Assess for contraindications and cautions (see section 4) and interactions (see section 7).
- Conduct required baseline investigations and initial monitoring (see section 8).
- Initiate and optimise treatment as outlined in section 5.
- Prescribe the maintenance treatment for at least 4 weeks. Prescribe sufficient medication to enable transfer to primary care, including where there are unforeseen delays to transfer of care.
- Once treatment is optimised, complete the shared care documentation and send to patient's GP practice detailing the diagnosis, current and ongoing dose, and baseline test results. Include contact information (section 13).
- Conduct the required reviews in section 8 and communicate the results to primary care. After each review, advise primary care whether treatment should be continued and confirm the ongoing dose.
- Give advice to primary care on continuing treatment if a woman becomes or wishes to become pregnant.
- Provide advice to primary care on the management of adverse effects if required.
- After the patient has been on hydroxychloroquine for five years, refer for ophthalmology monitoring. Patients who are at higher risk of retinal toxicity will need to be referred earlier (see section 9). Ophthalmology specialist teams will be responsible for recalling patients on an annual basis following their initial annual review for screening.

Primary care responsibilities

- Respond to the request from the specialist for shared care in writing. It is asked that this be undertaken within 14 days of the request being made where requests are refused, where possible.
- If accepted, prescribe ongoing treatment as detailed in the specialists request and as per section 5 taking into any account potential drug interactions in section 7.
- Adjust the dose of hydroxychloroquine prescribed as advised by the specialist.
- Assess for possible interactions with hydroxychloroquine when starting new medicines (see section 7).
- Manage any adverse effects as detailed in section 10 and discuss with specialist team when required.
- Stop hydroxychloroquine and discuss urgently with the specialist if retinopathy or cardiomyopathy are confirmed.
- Discuss other adverse effects with the specialist team as clinically appropriate (see section 10).
- Contact the specialist team for advice if the patient becomes or plans to become pregnant.
- Stop treatment as advised by the specialist.

Patient and/or carer responsibilities

- Take hydroxychloroquine as prescribed and do not stop taking it without speaking to their primary care prescriber or specialist. Tell anyone who prescribes them a medicine that they are taking hydroxychloroquine.
- Attend regularly for monitoring and review appointments with primary care, specialist, and ophthalmology. Be aware that medicines may be stopped if they do not attend appointments.
- Report adverse effects to their primary care prescriber. Seek immediate medical attention if they develop any symptoms as detailed in section 11.
- Report the use of any over the counter medications to their prescriber and be aware they should discuss the use of hydroxychloroquine with their pharmacist before purchasing any OTC medicines.
- Inform the specialist or primary care prescriber immediately if they become pregnant or wish to become pregnant.

1. Background

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Hydroxychloroquine is an antimalarial and a disease modifying anti-rheumatic drug (DMARD) with several pharmacological actions which may be involved in its therapeutic effect.

Hydroxychloroquine is not licensed for all indications included in this shared care protocol. Its use for the indications below is however supported by various sources and bodies including the BNF, NICE, British Society for Rheumatology (BSR) and British Health Professionals in Rheumatology (BHPR), British Association of Dermatologists (BAD) and British Thoracic Society (BTS).

2. Indications

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Hydroxychloroquine is licensed for treatment of:

- Active rheumatoid arthritis
- Systemic and discoid lupus erythematosus
- Dermatological conditions caused or aggravated by sunlight

This shared care protocol also includes treatment of chronic inflammatory conditions where offlabel use of hydroxychloroquine is appropriate, including but not limited to the following specialities and conditions:

- Rheumatology (e.g. inflammatory arthritis, connective tissue disease, Sjögren's syndrome, myositis)
- Dermatology (e.g. urticaria, other inflammatory skin diseases)
- Respiratory disease (e.g. interstitial lung disease, sarcoidosis).
- Renal medicine

These additional indications are off-label. The initiating specialist *must specify the indication for each patient* when initiating shared care and clearly state when use is off-label.

This shared care protocol applies to adults aged 18 and over.

3. Locally agreed off-label use

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To be agreed and completed locally (include supporting information)

4. Contraindications and cautions

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This information does not replace the Summary of Product Characteristics (SPC), and should be read in conjunction with it. Please see BNF & SPC for comprehensive information.

Contraindications:

- Hypersensitivity to hydroxychloroquine or 4-aminoquinoline compounds.
- Pre-existing maculopathy. **Cautions:**
- Concurrent use of medicines which may cause adverse ocular or skin reactions.
- Diabetes mellitus, and those taking anti-diabetic drugs (including SGLT-2 inhibitors) for any indication (hydroxychloroquine treatment may lower blood glucose).
- Glucose-6-phosphate dehydrogenase deficiency.
- Increased risk of retinopathy with high doses (>5 mg/kg/day), long-term treatment (>5 years), eGFR <60 mL/min/1.73m^2 or concurrent tamoxifen use.
- Myasthenia gravis or psoriasis (may exacerbate).
- Porphyria cutanea tarda, and other acute porphyrias.
- Renal or hepatic disease and concurrent use of drugs known to affect these organs.
- Sensitivity to quinine.
- Severe gastrointestinal, neurological (especially for those with a history of epilepsy – may lower the seizure threshold), or blood disorders.
- Significant cardiac arrhythmias due to the risk of QT interval prolongation.

5. Initiation and ongoing dose regimen

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- Transfer of monitoring and prescribing to primary care is normally after at least 12 weeks, and when the patient's dose has been optimised and with satisfactory investigation results for at least 4 weeks.
- The duration of treatment & frequency of review will be determined by the specialist, based on clinical response and tolerability.
- All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician.
- Termination of treatment will be the responsibility of the specialist.

Initial stabilisation:
200mg to 400 mg daily. Dose should not exceed 6.5 mg/kg/day (based on actual body weight).
The initial period must be prescribed by the initiating specialist.

Maintenance dose (following initial stabilisation):
200mg to 400 mg daily. The risk of significant toxicity increases with doses above 5 mg/kg/day (based on actual body weight).
The initial maintenance dose must be prescribed by the initiating specialist.

Conditions requiring dose adjustment:
In patients taking 400mg daily, the dose can be reduced to 200mg when no further improvement is evident. The maintenance dose may be increased to 400mg daily if the response lessens.
Dose adjustment and caution are recommended in renal or hepatic impairment.

6. Pharmaceutical aspects

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Route of administration:	Oral
Formulation:	Hydroxychloroquine sulfate 200 mg tablets 300mg tablets are also available. Alternate day dosing with 200mg and 400mg may be considered for use where the patient is able to comply with this regimen. However, 300mg tablets may be needed for some patients to optimise dosing.
Administration details:	Each dose should be taken with food. If necessary, tablets may be crushed and dispersed in water (unlicensed).
Other important information:	Antacids may reduce absorption of hydroxychloroquine. Oral antacids should be avoided for 4 hours before and after the dose.

7. Significant medicine interactions

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The following list is not exhaustive. Please see BNF or SPC for comprehensive information and recommended management.

following drugs must not be prescribed without consultation with the specialist:

- **Drugs that can prolong the QT interval: for example, amiodarone, moxifloxacin, quinine, citalopram**. Avoid concomitant use; possible increased risk of QT prolongation/ventricular arrhythmias.
- **Antidiabetic drugs and/or insulin**: hypoglycaemic effect may be enhanced, may need dose adjustment of antidiabetic medication.
- **Cimetidine**: possible increase in plasma concentration of hydroxychloroquine.
- **Ciclosporin**: possible increase in plasma concentration of ciclosporin (combination used by some specialists).
- **Digoxin**: possible increase in plasma concentration of digoxin.
- **Mefloquine and other drugs known to lower the convulsion threshold**: possible increased risk of convulsions.
- **Penicillamine**: possible increased risk of haematological toxicity.
- **Tamoxifen**: increased risk of retinal toxicity, necessitates annual ophthalmic monitoring (see section 4).

The following drugs may be prescribed with caution:

- **Antacids and calcium carbonate-containing supplements**: may reduce absorption of hydroxychloroquine; separate administration by at least four hours. Other calcium salts do not appear to interact.
- **Antiepileptics**: activity of antiepileptic drugs may be impaired with hydroxychloroquine. Additionally, hydroxychloroquine may lower the seizure threshold.
- **Neostigmine and pyridostigmine**: effects may be antagonised by hydroxychloroquine.
- **Intra-dermal rabies vaccine**: possible reduced antibody response.
- **Topiramate** – increased risk of toxicity when co-administered with valproate, monitor for signs and symptoms of encephalopathy or hyperammonaemia.

8. Baseline investigations, initial monitoring and ongoing monitoring to be undertaken by specialist

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Monitoring at baseline and during initiation is the responsibility of the specialist; only once the patient is optimised on the chosen medication with no anticipated further changes expected in immediate future will prescribing and monitoring be transferred to primary care.

Baseline investigations:

- Urea and electrolytes (U&Es) & creatinine clearance (CrCl)
- Alanine aminotransferase (ALT) and/or aspartate aminotransferase (AST), & albumin
- Full blood count (FBC)
- Weight
- Height and blood pressure (if indicated)
- Assess for co-morbidities which may influence DMARD choice, including risk factors for retinopathy (e.g. concomitant tamoxifen use, eGFR <60 mL/min)
- Electrocardiogram (ECG), if concerns exist regarding the QT-interval, see section 4 and section 7.

Ongoing monitoring:

- No routine ongoing laboratory monitoring is required for hydroxychloroquine. Monitoring may be required if the patient is prescribed an additional DMARD.
- The specialist will retain the responsibility for monitoring the patient's ongoing response to treatment, and advise if a dose change or treatment cessation is appropriate. This should be undertaken annually.
- After each review, advise primary care whether treatment should be continued, confirm the ongoing dose, and whether the ongoing monitoring outlined in section 9 remains appropriate.

After the patient has been on hydroxychloroquine for five years, refer to ophthalmology (or other commissioned service as appropriate) for annual monitoring for retinopathy. Patients who are at higher risk of retinal toxicity will need to be referred earlier. See section 9 below for risk factors. Ophthalmology specialist teams will be responsible for recalling patients on an annual basis following their initial annual review for screening.

9. Ongoing monitoring requirements to be undertaken by primary care

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See section 10 for further guidance on management of adverse effects/responding to monitoring results.

Monitoring	Frequency
Risk factors may change over time; primary care should discuss with specialist if new risk factors that are 'high risk' are identified before the fiveyear mark.	• Risk factors include: ○ concomitant tamoxifen use ○ impaired renal function (eGFR <60mL/min/1.73m^2) hydroxychloroquine dose (>5mg/kg/day)
• Patients aged 70-79 years old could be eligible for the shingles vaccine (herpes zoster). For patients who are immunosuppressed (e.g. those taking prednisolone at a dose of 10 mg or more for more than 4 weeks in the prior 3 months, or 20 mg or more for more than 10 days in the prior month) a non-live vaccine should be used. Specialist input may be required. If patient is taking additional DMARDs, check advice for all drugs. For more information see The Green Book, Chapter 28a. • **Annual** influenza (The Green Book, Chapter 19) vaccinations are recommended. COVID-19 vaccination is safe and recommended (see The Green Book, Chapter 14a).	• Shingles vaccination: one-off. • Influenza vaccination: annual. It is advisable to add the patient to the influenza vaccine list. COVID-19 vaccination as per national schedule.

(If relevant) If monitoring results are forwarded to the specialist team, please include clear clinical information on the reason for sending, to inform action to be taken by secondary care.

10. Adverse effects and other management

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Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme. Visit www.mhra.gov.uk/yellowcard.

For information on incidence of ADRs see relevant summaries of product characteristics.

Note: **As well as responding to absolute values in laboratory tests, a rapid change or a consistent trend in any value should prompt caution and extra vigilance**

Result	Action for primary care
Retinopathy monitoring: possible or definite retinal toxicity	• **Possible retinopathy:** Consider whether withholding is in the best interests of the patient (See RCOphth guidelines for recommendations on managing possible retinopathy), specialist to be informed and to determine follow-up plan. • **Definite retinopathy:** primary care to ensure **withheld** pending urgent discussion between patient and specialist.
Vision disturbances including blurred vision, changes in visual acuity or abnormal colour vision	Refer to optometrist/ ophthalmologist; discuss with specialist team
Symptoms or signs of cardiomyopathy e.g. breathlessness, swelling in the abdomen and ankles, palpitations, cardiac conduction disorders and ECG changes.	Review for reversible causes. Discuss with specialist team urgently and consider withholding. If cardiomyopathy occurs due to hydroxychloroquine treatment, hydroxychloroquine must be withheld.
Headache, gastrointestinal disturbances e.g. abdominal pain, nausea, diarrhoea, vomiting	Review for reversible causes; discuss with specialist team if persistent or severe
Skin and subcutaneous tissue disorders e.g. pruritic erythematous macular rash occurring soon after treatment commenced, blue-black pigmentation of the skin, bleaching of skin & hair	Withhold and discuss with specialist team
Skeletal muscle myopathy or neuromyopathy	Review for reversible causes; withhold and discuss with specialist team

Signs and symptoms of bone marrow suppression e.g. sore throat, oral ulceration, abnormal bleeding/bruising, signs of infection	Review for reversible causes. Be aware that the underlying condition may contribute to bone marrow suppression. Although the risk is low, if bone marrow suppression is suspected, discontinue treatment and obtain an urgent FBC and other bloods as appropriate. Discuss with specialist team.

11. Advice to patients and carers

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The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual medicines.

The patient should be advised to report any of the following signs or symptoms to their primary care prescriber without delay:

- Vision disturbances including blurred vision, changes in visual acuity or abnormal colour vision.
- Signs or symptoms of bone marrow suppression, such as a sore throat, oral ulceration, abnormal bleeding or bruising, or other signs of infection.
- Rash
- Muscle weakness
- Symptoms of hypoglycaemia, including dizziness, weakness, or hunger
- Actual or planned pregnancy or breastfeeding

The patient should be advised:

- Avoid over-the-counter and prescribed antacids for four hours before and after doses of hydroxychloroquine.
- A number of patients who take hydroxychloroquine may experience some loss of their peripheral and central vision. Patients who drive must inform the DVLA if their eyesight is affected. For further information see: gov.uk: driving eyesight rules.
- That vaccination in line with current national advice (e.g. for COVID-19, influenza) is safe and recommended.
- Tell anyone who prescribes them a medicine that they are taking hydroxychloroquine. Always ask a pharmacist before purchasing any medicines over the counter, including herbal remedies, and ask if they are safe.

  Patient information:

  - General information: patient.info - medicine/hydroxychloroquine tablets quinoric. ○ Rheumatology: versusarthritis.org- hydroxychloroquine. ○ Dermatology: .bad.org.uk - patient information leaflets: hydroxychloroquine.
  - Patient information leaflets are also available from emc - hydroxychloroquine.

12. Pregnancy, paternal exposure and breast feeding

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It is the responsibility of the specialist to provide advice on the need for contraception to male and female patients on initiation and at each review, but the ongoing responsibility for providing this advice rests with both the primary care prescriber and the specialist.

The BSR and BHPR guideline on prescribing DMARDs in pregnancy and breastfeeding advises the following:

Pregnancy: Hydroxychloroquine can be continued throughout pregnancy.

Information for patients and carers: medicinesinpregnancy.org: Hydroxychloroquine.

Breastfeeding: Hydroxychloroquine is compatible with breastfeeding, though does pass into breast milk in small quantities.

Information for healthcare professionals: SPS: hydroxychloroquine.

Paternal exposure: Hydroxychloroquine is compatible with paternal exposure.

13. Specialist contact information

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Role and speciality: **Dermatology - Cambridge University Hospitals NHS Foundation Trust**

Name	*Role*	*Phone number*
Dr Julia Gass	*Consultant Dermatologist*	*01223 216501*
Dr Natasha Stembridge	*Consultant Dermatologist*	*01223 216501*
Dr Andre Khoo	*Consultant Dermatologist*	*01223 216501*
Dr Douglas Maslin	*Consultant Dermatologist*	*01223 216501*
Dr Paul Norris	*Consultant Dermatologist*	*01223 216459*
Dr Pamela Todd	*Consultant Dermatologist*	*01223 216459*
Dr Justyn Thomas	*Consultant Dermatologist*	*01223 216459*
Dr Nigel Burrows	*Consultant Dermatologist*	*01223 216459*
Dr Marc Wallace	*Consultant Dermatologist*	*01223 216459*
Dr Vanessa Van-de-Velde	*Consultant Dermatologist*	*01223 216459*
Dr Shiu Kwan Chan	*Consultant Dermatologist*	*01223 216501*
Dr Thomas Ha	*Consultant Dermatologist*	*01223 216501*
Dr Shaheen Haque	*Consultant Dermatologist*	*01223 586678*
Dr Niamh Flanagan	*Consultant Dermatologist*	*01223 586678*
Dr Sui-Yen Ah-See	*Associate Specialist*	*01223 216501*

Role and speciality: **Dermatology – North West Anglia NHS Foundation Trust**

Telephone number (contact via dermatology secretaries): *01733 673854 / 01733 673856* Email address: nwangliaft.dermatologysecretaries@nhs.net

Role and speciality: **Respiratory – Royal Papworth Hospital NHS Foundation Trust**

Name	*Role*	*Phone number*
Dr Nicola Simler	*Consultant Respiratory Physician and Clinical Lead for Cambridge Interstitial Lung Disease Service*	*01223 639522*
Dr Jenny Dickens	*Consultant Respiratory Physician*	*01223 639556*
Dr Christine Fiddler	*Consultant Respiratory Physician*	*01223 638423*

Dr Helen Parfrey	*Consultant Respiratory Physician*	*01223 639517*
Dr Muhunthan Thillai	*Consultant Respiratory Physician*	*01223 639524*
Specialist Nurses	*Usual first point of contact for Patient and General Practice queries*	*01223 638018 or 01223 638000 and ask for pager 346*
Duncan Grady	*Highly Specialised Pharmacist (Thoracic Medicine)*	*01223 638179 or 01223 638000 and ask for pager 845*

Name	Role	Phone number
Pharmacy Department	*Non-urgent Medicines Information **for Clinicians** engaging in Shared Care*	*01223 638179*
Medicines Helpline	*Non-urgent Medicines Information **for Patients** receiving this medicine via a shared care agreement*	*01223 638777*

Role and speciality: **Rheumatology – Cambridge University Hospitals NHS Foundation Trust**

Name	Role	Phone number
Dr Frances Hall	*Consultant Rheumatologist*	*01223 349674*
Dr Anoop Kuttikat	*Consultant Rheumatologist*	*01223 349674*
Dr Shipa	*Consultant Rheumatologist*	*01223 349674*
Dr Maliha Shaikh	*Consultant Rheumatologist*	*01223 256883*
Dr Mark Lillicrap	*Consultant Rheumatologist*	*01223 256883*
Dr Chris Chan	*Consultant Rheumatologist*	*01223 216774*
Prof Kenneth Poole	*Consultant Rheumatologist*	*01223 216774*
Dr Nicholas Shenker	*Consultant Rheumatologist*	*01223 216774*
Dr Gaffar Massawi	*Consultant Rheumatologist*	*01223 349675*
Dr Ei Ei Phyu Htut	*Consultant Rheumatologist*	*01223 349675*
Dr Qutab Shah	*Locum Consultant Rheumatologist*	*01223 349675*
Dr Andra Negoescu	*Consultant Rheumatologist*	*01223 274561*
Dr Anshuman Malaviya	*Consultant Rheumatologist*	*01223 274561*
Dr Carmel Stober	*Consultant Rheumatologist*	*01223 274561*
Dr Paivi Miettunen	*Consultant Rheumatologist*	*01223 349674*

Role and speciality: **Rheumatology – North West Anglia NHS Foundation Trust**

Name	Role	Phone number
Dr Wiranthi Gunasekera	*Consultant Rheumatologist*	*01733 676762*
Dr Poonam Sharma	*Consultant Rheumatologist*	*01480 416744*
Dr Sandeep Dahiya	*Consultant Rheumatologist*	*01733 676764*
Dr John Pradeep	*Consultant Rheumatologist*	*01480 442824*
Dr Maeve Fifield	*Consultant Rheumatologist*	*01733 676766*
Rheumatology advice line	*01733 676676*	*N/A*

Email address: peh-tr.rheumosecretaries@nhs.net

Role and speciality: **Vasculitis and Nephrology – Cambridge University Hospitals NHS Foundation Trust**

Name	Role	Phone number

Specialist Nurses	*Usual first point of contact for Patient and General Practice queries*	*01223 217259 / cuh.VasculitisCUH@nhs.net*
Prof David Jayne	*Professor of Clinical Autoimmunity, Service Lead and Consultant in Vasculitis and Nephrology*	*01223 217828*
Dr Rachel Jones	*Consultant in Vasculitis and Nephrology*	*01223 217828*
Dr Lisa Willcocks	*Consultant in Vasculitis and Nephrology*	*01223 217828*
Prof Eoin McKinney	*Versus Arthritis Chair of Rheumatology and Honorary Consultant in Vasculitis and Nephrology*	*01223 217828*
Prof David Thomas	*Professor of Renal Medicine and Honorary Consultant in Vasculitis and Nephrology*	*01223 217828*
Dr Rona Smith	*Honorary Consultant in Vasculitis and Nephrology*	*01223 217828*
Dr Kevin Loudon	*Consultant in Vasculitis and Nephrology*	*01223 217828*
Olivia Kanka	*Advanced Specialist Pharmacist – Renal and Vasculitis*	*cuh.VasculitisCUH@nhs.net*

14. Additional information

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Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement must be completed. Ensure that the specialist is informed in writing of any changes to the patient's GP or their contact details.

15. References

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- NEWT Guidelines. Hydroxychloroquine. Last updated November 2012. Accessed on 18/01/2021.
- RMOC Advice on the monitoring requirements for HCQ: *final draft pending publication*.

16. Other relevant national guidance

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- Shared Care for Medicines Guidance – A Standard Approach (RMOC).
- NHSE guidance – Responsibility for prescribing between primary & secondary/tertiary care.
- General Medical Council. Good practice in prescribing and managing medicines and devices. Shared care.
- NICE NG197: Shared decision making. Last updated June 2021.

17. Local arrangements for referral

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Define the referral procedure from hospital to primary care prescriber & route of return should the patient's condition change.

If there are any concerns in relation to the patient or their condition changes, primary care prescribers should contact the relevant initiating specialist using the **Specialist contact information** detailed above.

Specialist teams should contact primary care prescribers via the usual communication routes agreed locally.

Appendix 1: Shared Care Request letter (Specialist to Primary Care Prescriber)

Dear *[insert Primary Care Prescriber's name]*

Patient name: *[insert patient's name]*
Date of birth: *[insert date of birth]*
NHS Number*: [insert NHS Number]*
Diagnosis: *[insert diagnosis]*

As per the agreed *[insert APC name]*shared care protocol for *Hydroxychloroquine* for the treatment of *[insert indication],* this patient is now suitable for prescribing to move to primary care.

The patient fulfils criteria for shared care and I am therefore requesting your agreement to participate in shared care. Where baseline investigations are set out in the shared care protocol, I have carried these out.

I can confirm that the following has happened with regard to this treatment:

	Specialist to complete
The patient has been initiated on this therapy and has been on an optimised dose for the following period of time:	
Baseline investigation and monitoring as set out in the shared care documents have been completed and were satisfactory	*Yes / No*
The condition being treated has a predictable course of progression and the patient can be suitably maintained by primary care	*Yes / No*
The risks and benefits of treatment have been explained to the patient	*Yes / No*
The roles of the specialist/specialist team/ Primary Care Prescriber / Patient and pharmacist have been explained and agreed	*Yes / No*
The patient has agreed to this shared care arrangement, understands the need for ongoing monitoring, and has agreed to attend all necessary appointments	*Yes / No*
I have enclosed a copy of the shared care protocol which covers this treatment/the SCP can be found here (Shared Care Guidance | CPICS Website)	*Yes / No*
I have included with the letter copies of the information the patient has received	*Yes / No*
I have provided the patient with sufficient medication to last until	
I have arranged a follow up with this patient in the following timescale	

Treatment was started on *[insert date started]* and the current dose is *[insert dose and frequency]*.

If you are in agreement, please undertake the prescribing and monitoring of risk factors from [insert date] NB: date must be at least 1 month from initiation of treatment.

No routine ongoing laboratory monitoring is required for hydroxychloroquine.