



Brighton and Hove CCG
High Weald Lewes Havens CCG
Brighton and Sussex University Hospitals NHS Trust
Sussex MSK Partnership

BLUE Information Sheet

Drug Name: HYDROXYCHLOROQUINE TABLETS

INDICATION/S COVERED (including whether for adults or children): Inflammatory arthritis and connective tissue disease in adults

Traffic Light System classification – Blue

Blue: Drugs that are considered suitable for prescribing in primary care, following initiation by a specialist as monitoring and skills required for prescribing are deemed less complex, there is more widespread experience of prescribing in primary care and GPs or Primary Care Prescribers are generally happy to prescribe on specialist advice without the need for formal shared care. A minimum of one months' supply of medication should be prescribed by the initiating consultant, even if prescribing responsibility is transferred earlier than this. A GP or Primary Care Prescriber must be familiar with the prescribing responsibilities and where a GP or Primary Care Prescriber has no experience of prescribing then adequate additional information should be provided by the initiating specialist. This information sheet should be sent to the GP or Primary Care Prescriber with the clinic letter.

RESPONSIBILITIES and ROLES

Consultant / Specialist responsibilities	
1.	Diagnosis
2.	To assess the suitability of patient for hydroxychloroquine treatment. It is agreed that patients with pre-existing macular degeneration are not candidates for hydroxychloroquine therapy.
3.	To discuss the aims, benefits and side effects of treatment with the patient and/or carer as well as their role.
4.	Explain to the patient and/or carer the treatment plan including the dosing schedule.
5.	Baseline monitoring undertaken (specific to drug).
6.	To initiate therapy by prescribing for a minimum of 1 month
7.	Monitor and evaluate response to treatment, including adverse drug reactions, with the patient and to continue / discontinue treatment in line with agreed treatment plan.
8.	Discuss the possibility of shared care with the patient and/or carer and ensure they understand the plan for their subsequent treatment.
9.	Supply GP with summary of patient review (including anticipated length of treatment) and a copy of the information sheet recommending that a shared care arrangement is initiated.
10.	Advise GP if treatment is to discontinue at any point
11.	Inform GP if patient does not attend planned follow-up

General Practitioner (GP) or Primary Care Prescriber responsibilities	
1.	Subsequent prescribing of hydroxychloroquine at the dose recommended.

Patient / Carer role	
1.	Ask the consultant / specialist or primary care prescriber for information, if any aspects of treatment are not fully understood
2.	Share any concerns in relation to treatment with hydroxychloroquine.
3.	Tell the consultant / specialist or GP or Primary Care Prescriber of any other medication being taken, including over-the-counter products.
4.	Read the patient information leaflet included with your medication and report any side effects or concerns you have to the consultant / specialist or GP or Primary Care Prescriber.
5.	Attend follow-up appointments with the consultant / specialist.
6.	Be aware that a yearly eye test at the patient's regular optician is a requirement of ongoing treatment.

BACK-UP ADVICE and SUPPORT

	Telephone No.	
Rheumatology Department BSUH	01273 696955	
Sussex MSK Partnership	03003038063	

This information sheet does not replace the SPC, which should be read in conjunction with this guidance. Prescribers should also refer to the appropriate paragraph in the current edition of the BNF. The GP or Primary Care Prescriber has the right to refuse to agree to shared care, in such an event the total clinical responsibility will remain with the consultant / specialist.