

Amber Shared Care	
Name of medicine	Hydroxychloroquine tablets
Indication (for adults)	Licensed: Rheumatoid arthritis Systemic and discoid lupus erythematosus Juvenile idiopathic arthritis Unlicensed: Psoriatic arthritis
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Date ratified by Frimley Health APC (FH APC):	March 2018
Review Date	July 2021

The Shared Care Guideline (SCG) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface.

This **AMBER** shared care sets out the patient pathway relating to this medicine and any information not available in the British National Formulary and manufacturer's Summary of Product Characteristics. Prescribing must be carried out with reference to those publications whenever appropriate.

The SCG must be used in conjunction with the agreed core roles and responsibilities stated in annex A.

An agreement notification form is included in annex B for communication of request for shared care from provider and agreement to taken on prescribing by primary care.

Roles and Responsibilities

Listed below are specific medicine/indication related responsibilities that are additional to those core roles and responsibilities that apply to all SCGs listed in annex A.

Consultant / Specialist

- Diagnosis and assessment of suitability for hydroxychloroquine treatment
- Discuss the aims, benefits and side effects of treatment with the patient
- Explain to the patient their treatment plan including the dosing schedule
- Pre-treatment assessment as detailed in monitoring table below
- Prescribe hydroxychloroquine until shared care in place
- Discuss shared care with the patient and ensure they understand the plan for treatment
- Agree shared care with the patient's general practitioner (GP)
- Review results of pre-treatment assessment
- Monitor disease response to treatment and need to continue therapy
- Continue to review patient at agreed specified intervals and send a written summary to the GP when patient is reviewed
- Advise GP if treatment should be discontinued at any point

TEMPLATE VERSION CONTROL		Adapted from the Prescribing Clinical Network Template
Reason for Update or New: New		Author: PCN
Valid from: July 2019	Review date: July 2021	Approved by: FH APC
Version: 1	Supersedes version: N/A	

- Inform GP if patient does not attend follow-up appointments
- Make arrangements for ocular monitoring as appropriate (see below). Community Ophthalmology Screening Service currently available for East Berkshire CCG. Confirmation of continued ophthalmology screening plans to be formalised. Guideline short-dated for update once resolved.

Primary Care Prescriber

- Return the shared care agreement to the consultant, to indicate agreement with this guideline. If for any reason the GP is unhappy with the arrangements they should contact the named hospital specialist within 14 days
- If the notification form is not received within 14 days, the hospital team will assume compliance with the shared care guidance
- Prescribe hydroxychloroquine as specified by the consultant
- An annual influenza vaccine should be given, and a pneumococcal vaccine should be given preferably before starting the DMARD. Pneumococcal vaccine should be repeated at 10-yearly intervals if given before starting the DMARD, or at 5-yearly intervals if given after starting the DMARD
- Arrange on-going monitoring as specified below, ensuring practice systems are in place to recall patients for monitoring blood tests
- Prevent on-going prescription if patient is not compliant with monitoring and report back to consultant.
- Report any adverse drug reactions to the initiating specialist and the usual bodies (e.g. MHRA/CHM)
- Ensure no drug interactions with other medicines (see SPC/BNF for further details)
- Monitor patients overall health and wellbeing
- Make arrangements for ocular monitoring as appropriate (see below). Community Ophthalmology Screening Service currently available for East Berkshire CCG.

Patient Relatives & Carers

As listed in agreed core roles and responsibilities for the shared care of medicines – annex A

- Patients should have an optometrist examination before treatment as specified in monitoring table below
- Report any visual disturbances

Key information on the medicine

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

Background to disease and use of medicine for the given indication

Hydroxychloroquine suppresses the disease activity in rheumatoid arthritis. It is often used in combination with other disease modifying anti rheumatic drugs such as methotrexate or sulfasalazine. Hydroxychloroquine should only be initiated on the recommendation of a rheumatologist.

Indication

- Inflammatory arthritis
- Systemic and discoid lupus erythematosus
- Juvenile idiopathic arthritis

Dosage and Administration

Include only where no SPC is available, i.e. for unlicensed /off-label use, and in line with approved use as per FH formulary

Monitoring (Reference: BSR and BHPR guideline 2017 <https://doi.org/10.1093/rheumatology/kew479>)

Monitoring requirements including frequency and appropriate dose adjustments	Responsible clinician
Pre-treatment: <ul style="list-style-type: none"> • Height, weight, blood pressure • Full blood count, creatinine/calculated GFR, liver function tests (ALT and or/AST), albumin 	Consultant

Maintenance: <ul style="list-style-type: none"> Hydroxychloroquine does not require regular laboratory monitoring Refer to an ophthalmologist if visual acuity changes or if vision is blurred and warn patient to stop treatment and seek advice from their rheumatologist. 	GP
Additional Ocular Monitoring: <ul style="list-style-type: none"> Baseline examination within six to twelve months with colour retinal photograph and spectral domain optical coherence tomography (SD-OCT) scans of the macula. Refer patients for annual screening after five years of therapy and to be reviewed annually thereafter whilst on therapy. See guidelines from Royal College of Ophthalmologists for details of testing required at each screening visit. Screening may be commenced before five years of therapy if additional risk factors e.g. very high dose of drug therapy, concomitant tamoxifen use or renal insufficiency. Patients should be monitored yearly, enquiring about visual symptoms, rechecking acuity and assessing for blurred vision using the reading chart. 	FPH – consultants to arrange with hospital ophthalmologists WPH - Consultants to liaise with East Berkshire GPs via Evolutio who will refer to a Community Provider or refer to local opticians

Cautions, contraindications:

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

Adverse effects and action to be taken (if appropriate):

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

Support and Advice Contact Details for Primary Care Prescribers:

Name	Speciality	Telephone No.	Email address
Janet Lartey Mona Pandit	Rheumatology Clinical Nurse Specialists for Wexham Park Hospital	01753 633 299	Janet.lartey@nhs.net Adedamola.ige@nhs.net Mona.pandit@nhs.net
Jeannette Cameron Rosealeen Kilick	Rheumatology Clinical Nurse Specialist for Frimley Park Hospital	01276 604 348	Jeannettecameron@nhs.net Rosealeen.kilick@nhs.net
Alex Hicks	Rheumatology and Biologics Pharmacist for Wexham Park Hospital	01753 633 285	alexandra.hicks@nhs.net
Sandra Smith	Rheumatology and Biologics Pharmacist for Frimley Park Hospital	01276 604 348	Sandra.smith4@nhs.net
Out of Hours	Medical Team on call	Frimley Park Hospital 01276 604 604 Wexham Park Hospital 01753 633 000	N/A

Annex A: Agreed core roles and responsibilities for the shared care of medicines

Patients

To get the most out of your treatment it's important that you work together with your specialist. You must follow these guidelines to ensure your own safety, health and wellbeing.

- You must make sure that you understand about your treatment
- If you do not understand ask for more information from the person prescribing the medicine
- Read the Patient Information Leaflet included with your medication. It will provide you with information about your medication
- You must raise any concerns about your treatment with the person prescribing the medicine
- Talk to the specialist and come to an agreement of how the treatment should be provided to you
- Give permission to have aspects of your care communicated to healthcare providers
- You must attend all appointments
- You must keep a written list of all of the medicines you are taking
- You must keep lists of any additional vitamins, minerals, or other dietary supplements
- You must bring these lists with you each time you visit a healthcare provider or are admitted to a hospital
- You must carry these lists on you in case of an emergency
- You must not let anyone else take your medication.

It is your responsibility to follow these guidelines. The guidelines are here for your safety, health and wellbeing. If you would like more information on your rights, roles and responsibilities in your healthcare please ask a NHS professional for information on the NHS constitution or visit:

www.gov.uk/government/publications/the-nhs-constitution-for-england

Relatives and Carers

- To support the patient in fulfilling their roles and responsibilities as outlined above.

Consultant/ Specialist

Good Prescribing Guidelines

- Be aware that if you recommend that a colleague, for example a junior doctor or Primary Care Prescriber, prescribes a particular medicine for a patient, you must consider their competence to do so. You must satisfy yourself that they have sufficient knowledge of the patient and the medicine, experience (especially in the case of junior doctors) and information to prescribe. You should be willing to answer their questions and otherwise assist them in caring for the patient, as required (Ref GMC).
- Be aware that if you delegate assessment of a patients' suitability for a medicine, you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to make the assessment. You must give them enough information about the patient to carry out the assessment required.
- Be aware that you are asking the Primary Care Prescriber to take full medico-legal responsibility for the prescription they sign (Ref GMC). For this reason the shared care guidelines (SCGs) are agreed at the Frimley Health Foundation Trust Area Prescribing Committee with input from specialists and Primary Care Prescribers, and, for individual patients, the patient's Primary Care Prescriber must agree to take over responsibility before transfer of care, before the patient is discharged from specialist care.
- Be aware of the formulary status and the traffic light classification of the medicine you are prescribing within the Frimley Health Formulary.
- Assume clinical responsibility for the guidance given in the SCG, and where there is new information needed on the SCG to liaise with a member of the Pharmacy team who will facilitate an update via the Frimley Health Foundation Trust Area Prescribing Committee.

Before initiating treatment

- Evaluate the suitability of the patient for treatment, including consideration of the patient's current medication and any significant interactions.
- Discuss and provide the patient with information about the reason for choosing the medicine, the likelihood of both harm and benefits, consequences of treatment, and check that their treatment choice is consistent with their values and preferences
- Advise patient of unlicensed status of treatment (including off-label use) if appropriate and what this may mean for their treatment.
- Undertake baseline monitoring and assessment.

Initiating and continuing treatment in secondary care

- Prescribe initial treatment and provide any associated training and counselling required.
- Inform the Primary Care Prescriber when initiating treatment so that the Primary Care Prescriber is aware what is being prescribed and can add to Primary Care Prescriber clinical record

Shared care agreement for:

Hydroxychloroquine – Inflammatory Arthritis, systemic and discoid lupus erythematosus, juvenile idiopathic arthritis

- Continue to prescribe and supply treatment with appropriate monitoring until the patient's condition is stable; the patient is demonstrably benefiting from the treatment and is free from any significant side effects.
- At any stage of treatment, advising Primary Care Prescriber of concerns regarding monitoring or potential adverse effects of treatment

Transfer of care to Primary Care prescriber

- Liaise with the primary care prescriber to agree to share the patient's care and provide relevant accurate, timely information and advice.
- Only advise the patient that shared care will take place, and prescribing will be transferred, once the primary care prescriber has agreed to share responsibility of the patient care, and that this has been confirmed in writing.
- If the primary care prescriber feels unable to accept clinical responsibility for prescribing then the consultant must continue to prescribe the treatment to ensure consistency and continuity of care.
- Ensure that the patient (and carer/relatives) are aware of their roles and responsibilities under the SCG
- Provide sufficient information and training for the patient to participate in the SCG

Post transfer of care

- Follow up and monitor the patient at appropriate intervals.
- Advise Primary Care Prescriber if treatment dose changes or treatment is discontinued
- Inform Primary Care Prescriber if patient does not attend planned follow-up

Primary Care Prescriber

- Be aware of the formulary and traffic light status of the medicine you have been asked to prescribe.
- Be aware that Amber medicines have been assessed by the Frimley Heath Area Prescribing Committee as requiring careful transition between care settings but SCGs will be available to support safe transfer of care.
- It would be usual for Primary Care Prescribers to take on prescribing under a formal SCG. If you are uncertain about your competence to take responsibility for the patient's continuing care, you should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague. If you are still not satisfied, you should explain this to the other clinician and to the patient, and make appropriate arrangements for their continuing care.
- Be aware that if you prescribe at the recommendation of another doctor, nurse or other healthcare professional, you must satisfy yourself that the prescription is needed, appropriate for the patient and within the limits of your competence (Ref GMC).
- Be aware that if you prescribe, you will be responsible for any prescription you sign (Ref GMC).
- Keep yourself informed about all the medicines that are prescribed for the patient
- Be able to recognise serious and/ or frequently occurring adverse side effects, and what action should be taken if they occur.
- Make sure appropriate clinical monitoring arrangements are in place and that the patient and healthcare professionals involved understand them
- Keep up to date with relevant guidance on the use of the medicines and on the management of the patient's condition.
- Respond to requests to share care of patients in a timely manner, in writing (including use of form in annex B)
- Liaise with the consultant to agree to share the patient's care in line with the SCG in a timely manner.
- Continue prescribing medicine at the dose recommended and undertake monitoring requirements
- Undertake all relevant monitoring as outlined in the monitoring requirements section below, and take appropriate action as set out in this shared care guideline
- Monitor for adverse effects throughout treatment and check for drug interactions on initiating new treatments
- Inform the Consultant or specialist of any issues that may arise
- Ensure that if care of the patient is transferred to another prescriber, that the new prescriber is made aware of the shared care guideline (e.g. ensuring the patient record is correct in the event of a patient moving practice).

All

- Where it has been identified that a SCG requires update e.g. new information needed, liaise with the SCG author and/or your organisation's Frimley Health Foundation Trust Area Prescribing Committee representative who will facilitate an update at the Committee.

Annex B: Shared care agreement notification form for medicines and indications approved as amber on the Frimley Health Foundation Trust Formulary

For the attention of the Practice Manager

E-mail – Confirm both sender and recipient e-mail addresses are nhs.net before sending

To: [Recipient Name]
From: [Your Name]
Re: [Subject]
cc: [Name]

Date: [Click to select date]
Pages: [number of pages]

[Notes]

Name of medicine	Hydroxychloroquine
Indication	Inflammatory Arthritis, systemic and discoid lupus erythematosus, juvenile idiopathic arthritis

Person receiving	
Relevant patients GP available to action within 5 days (if not Trust needs to be informed on day of receipt of request)	Yes/ No
If GP is NOT available within 5 days, please communicate to the requesting specialist the date when the GP will be available	

Hospital/ Patient information		Practice information	
Consultant Making Request		GP Name:	
Consultant Speciality Details:		Practice:	
Patient Name:		I agree to undertake shared care:	
Patient NHS Number:		I do not agree to undertake shared care:	
Patient Hospital Number:		If NOT please give reasons:	
Patient DOB:		Signed:	
Drug Name/ Dose:		Date:	
Next Prescription Due:		Please return form to:	
Discharge letter written and sent:			
Please refer to the Frimley Health Foundation Trust Formulary for relevant shared care documents.			

Primary Care Prescriber should reply within 5 days of receipt of this form indicating participation (or not) in shared care of the patient

Shared care agreement for:

Hydroxychloroquine – Inflammatory Arthritis, systemic and discoid lupus erythematosus, juvenile idiopathic arthritis