

HYDROXYCHLOROQUINE Drug Specific Monitoring Document



TARGET AUDIENCE	Board-wide
PATIENT GROUP	All patients aged 12 years and older taking Hydroxychloroquine

References

- British National Formulary (2024). *BNF / NICE*. [online] NICE. Available at: <https://bnf.nice.org.uk/>.
- Specialist Pharmacy Service (2021). *Medicines Monitoring*. [online] SPS - Specialist Pharmacy Service. Available at: <https://www.sps.nhs.uk/home/tools/drug-monitoring/>.
- Electronic Medicines Compendium (2019). *Home - electronic medicines compendium (emc)*. [online] Medicines.org.uk. Available at: <https://www.medicines.org.uk/emc>
- Yusuf, I.H., Foot, B. and Lotery, A.J. (2021). The Royal College of Ophthalmologists recommendations on monitoring for hydroxychloroquine and chloroquine users in the United Kingdom (2020 revision): executive summary. *Eye*, 35(6), pp.1532–1537. <https://doi.org/10.1038/s41433-020-01380-2>

Governance information for drug specific document

Lead Author(s):	Medicines Policy and Guidance Team
Endorsing Body:	Area Drug and Therapeutics Committee
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Responsible Person (if different from lead author)	Kirsty Macfarlane/Mark Russell

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Medication Name	HYDROXYCHLOROQUINE
Actions by specialist clinician before initiation	<ul style="list-style-type: none"> • LFTs • Blood pressure • Full blood count • Height & Weight (Ideal body weight used for dosing) • eGFR <p><i>For all drugs, specialist clinicians should consider whether vaccination/exclusion of other contraindications (including active infection), is required and arrange as appropriate.</i></p>
DIS actions on starting treatment and following dose titration during initiation period	<i>This box is intentionally blank.</i>
Ongoing monitoring in Primary Care once stable	<ul style="list-style-type: none"> • Annually - where patient has been taking hydroxychloroquine for >5yrs or risk factors as described below; check patient is referred to and attending ophthalmology annually. <i>Annual monitoring (including fundus autofluorescence and spectral domain optical coherence tomography) is recommended in all patients who have taken hydroxychloroquine for longer than 5 years</i> • Annual monitoring may be started before 5 years of treatment if additional risk factors for retinotoxicity exist, such as concomitant tamoxifen therapy, impaired renal function (eGFR less than 60 mL/minute/1.73 m²), or high-dose therapy (more than 5 mg/kg/day of hydroxychloroquine sulfate). • Ophthalmological examinations must be repeated at least every 12 months.
Action if monitoring is outside reference range	Consult specialist team for any further guidance
Actions to take if restarting medication after treatment break	<p>Actions may vary. Consult specialist team for any further guidance</p> <p>Patients should be referred by the specialist clinician to the drug initiation hub if re-titration or enhanced monitoring is required</p>

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CONSULTATION AND DISTRIBUTION RECORD	
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Consultation Process / Stakeholders:	LMC, GP Sub-committee, Karen Donaldson Eimear Gordon, Anthony Carson, Richard Shearer, Rebecca Malley, Rosemary Beaton, Drug Initiation Service pharmacists, Acute specialist dermatology and rheumatology consultants and pharmacists.
Distribution	Acute specialist consultants and pharmacists, Senior primary care pharmacists, all individuals involved with the Drug Initiation Service, LMC and GP sub-committee

CHANGE RECORD			
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