

Hydroxychloroquine

Therapeutic Cheat Sheet

COMPILED BY: ANGELO LANDRISCINA, MD • REVIEWED BY: ADAM FRIEDMAN, MD

TRADE NAMES

- › Plaquenil, Hydroquin, Axemal, Dolquine, Quensyl, Quinoric

FDA APPROVED FOR

- › Malaria prophylaxis and treatment, SLE, discoid lupus, rheumatoid arthritis

DOSING

- › 200-400 mg per day or up to 5mg/kg/day.

MECHANISM OF ACTION

The mechanism of antimalarials is multifactorial and includes lysosome stabilization, DNA binding, inhibition of superoxide production, inhibition of antigen presentation, inhibition of platelet aggregation/adhesion.

OFF-LABEL USES

Porphyria cutanea tarda (at low doses), dermatomyositis, Chronic GVHD, lichen planus, lichen planopilaris, tumid LE, lupus panniculitis, PMLE, sarcoidosis, SCLE, livedoid vasculopathy, anti-phospholipid syndrome, morphea

ADVERSE EFFECTS

Reversible: Corneal deposits, lack of accommodation, premacularopathy, blue-gray pigmentation (shins, palate, face, nail beds), bleaching of hair roots, lichenoid drug reaction, urticarial and morbilliform drug eruptions (especially in patients with dermatomyositis), nausea, vomiting, mood changes, elevated LFTs, PCT flare (especially at high doses), psoriasis flare, pancytopenia, hemolysis (rarely reported in G6-PD deficient patients).

Irreversible: retinal pigmentation, central scotoma, change in visual acuity.

CONTRAINDICATIONS

Hypersensitivity to hydroxychloroquine. Should be used with caution in patients with renal or hepatic impairment or blood dyscrasias.

MONITORING

A thorough history and review of systems with special attention for constitutional, ocular or GI symptoms should be taken at each visit.

The American Academy of Ophthalmology recommends an ophthalmologic screening within the first year of initiation and then every 5 years if no abnormalities are noted.

No routine lab monitoring is recommended, though it may be repeated periodically or as often as necessary in patients with pre-existing hepatic or renal impairment.

PREGNANCY AND LACTATION

Safe for use during pregnancy for the treatment of malaria. While there is no known teratogenicity, caution should be used during pregnancy. While drug is excreted in breast milk there is no known harm to infants.

BEFORE STARTING

A thorough history and physical should be taken with special attention to ophthalmologic, renal and hepatic histories and personal or family history of G-6PD deficiency (laboratory screening not necessary).

Labs: baseline CBC, CMP, hepatic panel

ADDITIONAL ANTIMALARIAL PEARLS

- › Both hydroxychloroquine and chloroquine reach steady state concentration over the course of 3-4 months. Due to this, it may take months to see a clinical benefit.
- › Patients with hypersensitivity to chloroquine or hydroxychloroquine may cross react.
- › Chloroquine has a greater incidence of GI side effects and psoriasis flare than other drugs in the class.
- › Chloroquine and hydroxychloroquine should not be used together due to a significant increase in the risk of ocular toxicity.
- › Quinacrine may be used together with chloroquine or hydroxychloroquine in order to augment clinical efficacy.
- › Quinacrine does not carry risk of ocular toxicity, though may cause yellow skin discoloration and must be compounded in the US.