

# PRESCRIBER INFORMATION

## Hydroxychloroquine (Plaquenil®)

### DRUG-DRUG INTERACTIONS

- Antacids (separate by 4 hours)
- Antidiabetic agents, including insulin (risk of hypoglycemia)
- QT prolonging drugs\*
  - antiarrhythmics, antipsychotics, antiemetics, fluoroquinolones, macrolides, methadone, tricyclic antidepressants
- Drugs that cause:
  - retinal toxicity (tamoxifen, phenothiazines)
  - decreased seizure threshold
  - hemolytic reactions
- Increased drug levels:
  - Beta-blockers (metoprolol, propranolol, carvedilol)
  - Cyclosporine
  - Digoxin

\*This is not a comprehensive list; review patients' medications for other agents that may prolong QT interval.

### COUNSEL YOUR PATIENTS

- To immediately notify you for:
  - any eyesight changes, including blurry vision, trouble seeing, loss of vision, dark spots
  - signs of infection, unexplained bruising/bleeding, or new fatigue
- On signs/symptoms of hypoglycemia, and the potential to check blood sugar
- On the possibility of skin reactions, avoid prolonged sun exposure

### MONITOR

- CBC
- Liver function tests
- Renal function

### IMPORTANT INFORMATION

#### CONTRAINDICATIONS

- Known hypersensitivity to hydroxychloroquine or chloroquine

#### WARNINGS/PRECAUTIONS

- Cardiovascular effects: cardiomyopathy, direct myocardial toxicity/exacerbation of underlying dysfunction, QT interval prolongation
  - Assess underlying cardiovascular function and use of other QT prolonging agents
- Retinal effects: retinal toxicity and potential irreversible retinopathy (more associated with high daily doses and long-term use (> 5 years))
  - Other risk factors include concurrent use of tamoxifen, renal impairment, macular disease
  - Recommended to not exceed a daily dosage of 5 mg/kg of actual body weight in most patients, discontinue and monitor closely if ocular toxicity is suspected
  - Assess for renal function, use of tamoxifen, baseline retinal issues, history of eyesight/eye changes with previous use of this (or similar) agent
- Hypoglycemia: has occurred with and without concomitant use of antidiabetic agents
  - Use with caution in patients with diabetes
- Dermatologic effects: may exacerbate or precipitate psoriasis, may cause skin reactions
  - Use with extreme caution in patients with psoriasis
- Hematologic effects: may exacerbate or precipitate porphyria; bone marrow suppression (monitor CBC with prolonged use)
  - Consider obtaining a G6PD test
- Neuromuscular effects: monitor for with long-term therapy; use with caution in patients with seizures disorders or myasthenia gravis
- Gastrointestinal disorders: use with caution
- Hepatic impairment: use with caution in those with hepatic impairment, alcoholism, other hepatotoxic medications
- Renal impairment: use with caution as dosage adjustment may be needed
  - Assess renal function at baseline (especially in patients at risk for ocular toxicity)
- Limited human data on use in pregnancy or breastfeeding

### COMMON SIDE EFFECTS

Nausea, decreased appetite, fatigue, headaches, dizziness, vision changes, ringing of the ears, vertigo or feeling off balance