

Hydroxychloroquine (Plaquenil)

This medication is used to treat certain auto-immune diseases (lupus, rheumatoid arthritis). It belongs to a class of medications known as disease-modifying antirheumatic drugs (DMARDs). It can reduce skin problems in lupus and dermatomyositis and prevent swelling/pain in arthritis.

This drug interferes with lysosomal activity and autophagy, interacts with membrane stability and alters signaling pathways and transcriptional activity, which can result in inhibition of cytokine production and modulation of certain co-stimulatory molecules.

Resources from Manufacturer

[Full Prescribing Information](#)
[Sanofi Patient Assistance](#)

Indications and Dosing in Rheumatology

**FDA approved indications*

Adults

- Lupus Erythematosus, Rheumatoid Arthritis, Primary Sjogren Syndrome: 200 to 400mg by mouth daily as a single or 2 divided doses; maximum of 5mg/kg/day or 400mg daily whichever is lower
- Dermatomyositis, cutaneous: 300 to 400mg by mouth daily as a single or 2 divided doses; maximum of 5mg/kg/day or 400mg daily whichever is lower
- Sarcoidosis arthropathy, extensive cutaneous disease: 200 to 400mg by mouth daily as a single or 2 divided doses; maximum of 5mg/kg/day or 400mg daily whichever is lower. Therapy may be continued in patients who respond to therapy and then gradually tapered

Pediatrics

- Juvenile dermatomyositis: 5mg/kg/day in 1 to 2 divided doses; maximum daily dose 400mg/day
- Systemic Lupus Erythematosus: 4 to 6.5mg/kg/day in 1 to 2 divided doses; maximum daily dose 400mg/day

Contraindications

Known hypersensitivity to hydroxychloroquine, 4-aminoquinoline derivatives, or any component of the formulation.

Warnings and Precautions

- Cardiomyopathy and ventricular arrhythmias have been reported
- Retinal toxicity, baseline and periodic exam recommended during treatment
- Serious skin reactions included SJS, toxic epidermal necrolysis have been reported
- Worsening of psoriasis, avoid use in patients with psoriasis unless benefits outweigh risks; may exacerbate or precipitate disease

Warnings and Precautions *continued*

- Hematologic toxicity, discontinue if myelosuppression occurs
- Hepatic impairment, use with caution, dose adjustment may be needed
- Myasthenia gravis, may exacerbate condition
- Renal impairment, use with caution, dose reduction may be needed
- Drug interactions: digoxin, insulin/antidiabetic drugs and drugs that prolong QT interval should be used cautiously with hydroxychloroquine

Adverse Reactions

Common side effects include: nausea, vomiting, diarrhea and abdominal pain.

Medication Strength and Storage

- Available as 100mg, 200mg, 300mg and 400mg tablets
- Stored at room temperature

Medication Administration and Storage

- Administer with food or milk. Do not crush or divide film coated tablets
- CBC and platelet count with differential, liver function, and renal function at baseline and periodically during therapy
- Blood glucose (if symptoms of hypoglycemia occur)
- Muscle strength (especially proximal) and deep tendon reflexes during prolonged therapy;
- Monitor ECG at baseline and as clinically indicated in patients at elevated risk of QTc prolongation.
- Ophthalmologic exam within the first year of prolonged or high-dose treatment to screen for retinal toxicity, followed by annual screening

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