



NEONATAL Medication Monograph




# HYDROXYCHLOROQUINE

This document should be read in conjunction with this [DISCLAIMER](#)

**Highly Restricted:** Requires Neonatologist or relevant specialist approval before commencing

<b>Presentation</b>	<b>Oral Mixture:</b> Hydroxychloroquine sulphate 200mg/5mL ( <b>KEMH/PCH</b> )
<b>Description</b>	Anti-malarial agent with anti-inflammatory activity
<b>Indications</b>	<ul style="list-style-type: none"> <li>▪ Juvenile rheumatoid arthritis (JRA)</li> <li>▪ Systemic lupus erythematosus (SLE)</li> <li>▪ May be used to treat chronic lung disease</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>▪ Renal impairment</li> <li>▪ Acute porphyrias</li> <li>▪ Diabetes (may lower blood glucose)</li> <li>▪ G6PD deficiency</li> <li>▪ May aggravate myasthenia gravis, exacerbate psoriasis</li> <li>▪ Neurological disorders (especially in those with a history of epilepsy)</li> <li>▪ Severe gastrointestinal disorders</li> </ul>
<b>Dosage</b>	<b>Oral:</b> 3 to 5mg/ kg/ day given as 1 or 2 divided doses
<b>Dosage Adjustment</b>	<b>Maximum:</b> 7mg/kg/day
<b>Adverse Reactions</b>	<b>Common:</b> gastrointestinal disturbances, skin reactions, bronchospasm, hypoglycaemia, muscle weakness
	<b>Serious:</b> vision disturbances- changes to retina and cornea, bone marrow suppression, cardiomyopathy
<b>Interactions</b>	Hydroxychloroquine may increase the levels/effects of beta blockers, cardiac glycosides, hypoglycaemia associated agents, QTc prolonging agents  The levels/effects of hydroxychloroquine may be decreased by quinolone antibiotics

<b>Preparation</b>	Oral Solution Prepared in Pharmacy (KEMH/PCH)
<b>Administration</b>	<b>Oral:</b> Give with or immediately after feeds
<b>Monitoring</b>	Ophthalmology examination at baseline and every 3 months with prolonged therapy Full blood picture with differential and platelet count Check for muscular weakness with prolonged therapy
<b>Storage</b>	Store at room temperature, below 25°C
<b>Notes</b>	Long term treatment with hydroxychloroquine is rarely associated with ocular toxicity; annual review of visual acuity is recommended.
<b>References</b>	<p>Takemoto CK, Hodding JH, Kraus DM. Pediatric &amp; neonatal dosage handbook with international trade names index : a universal resource for clinicians treating pediatric and neonatal patients. 24th ed. Hudson (Ohio): Lexicomp; 2017. p. 1005</p> <p>British National Formulary. BNF for Children. 2018-19 ed. London, UK: BMJ Group and Pharmaceutical Press; 2018. p.639</p> <p>Kerem E, Bentur L, England S, Reisman J, O'Brodivich H, Bryan AC, Levison H. Sequential pulmonary function measurements during treatment of infantile chronic interstitial pneumonitis. The Journal of pediatrics. 1990 Jan 31;116(1):61-7.</p> <p>Australian Medicines Handbook. Hydroxychloroquine. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2019 [cited 2020 Jan 17]. Available from: <a href="https://amhonline.amh.net.au/">https://amhonline.amh.net.au/</a></p>
<b>Related policies</b>	WNHS Policy: <a href="#">Antimicrobial Stewardship</a>

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