

Ref:

GP Name

Address 1

Address 2

Address 3

City Postcode

Please attach patient addressograph here

Date

Dear

Patient name.....

This letter is to inform you that the above patient has been recommended to start hydroxychloroquine 200mg tablets:

Hydroxychloroquine tablets Dose.....

Date commenced.....

Dose of.....next due on the

As per Pan-Mersey Area Prescribing Committee recommendation, this medicine is categorised as Amber Patient Retained and we would be grateful if you would agree to prescribe and administer this treatment. A copy of the Prescribing Support Information for hydroxychloroquine can be found [here](#).

Routine monitoring is not required for hydroxychloroquine but your patient will require eye screening if they are taking this medication for more than 5 years. The specialist is responsible for this monitoring and the relevant information will be communicated to you on the proforma within the prescribing support information. The patient has been informed that eye screening will be necessary.

To acknowledge whether you agree to prescribe hydroxychloroquine to your patient, please could you sign and fax this letter back to the department on (insert secure fax phone number) within 14 days? Please retain a copy for your records.

Thank you

Yours sincerely

Name

Position

To be completed by GP(*delete as applicable)

I agree/do not agree to prescribe hydroxychloroquine to the above patient in accordance with Pan-Mersey Area Prescribing Support Information.

GP Signature.....Print.....Date.....