Direct Healthcare Professional Communication

Aug 2024

Hydroxychloroquine sulfate-Potential risk of major congenital malformations and new risks

Dear Healthcare Professional,

The General Administration for Pharmaceutical Vigilance of the Central Administration for Pharmaceutical Care at The Egyptian Drug Authority would like to inform you **about risk of major congenital malformations and new risks**

Summary:

- The Huybrechts study1 published in 2021 suggested a “small increase” in the relative risk of major congenital malformations (including some major- not limited to oral cleft, cardiac, respiratory, gastrointestinal, genital, urinary, musculoskeletal, and limb defects) associated with use of hydroxychloroquine in the first trimester of pregnancy, especially when used at high daily dosage (greater than or equal to 400 mg daily).

- At daily doses greater than or equal to 400 mg, hydroxychloroquine should be avoided in the first trimester of pregnancy except when, in the judgment of the physician, the individual benefits outweigh the risks.

- Close monitoring during the pregnancy, especially during the first trimester, is recommended for early detection of major congenital malformations.

- If there is no alternative treatment to hydroxychloroquine during the first trimester of pregnancy, the lowest effective dose should be used.

- In addition, new risks have been identified with hydroxychloroquine therapy:

    - Cases of hydroxychloroquine-induced phospholipidosis have been reported. Drug-induced phospholipidosis may occur in different organ systems such as cardiac, renal, nervous, or muscular causing toxicity. Discontinue hydroxychloroquine if cardiac, renal, muscular or nerve toxicity is suspected or demonstrated by tissue biopsy.

    - Aggravation of symptoms of myasthenia gravis (generalized weakness including shortness of breath, dysphagia, diplopia etc.) have been reported in myasthenic patients receiving hydroxychloroquine therapy. Discontinue hydroxychloroquine if aggravation of symptoms related to myasthenia gravis is suspected.

Further information:

Background on the product and safety concern

Hydroxychloroquine is indicated for:

Adults
HQ are recommended for the treatment of rheumatoid arthritis, discoid and systemic lupus erythematosus, and dermatological conditions caused or aggravated by sunlight.

Paediatric Population
Treatment of juvenile idiopathic arthritis (in combination with other therapies), discoid and systemic lupus erythematosus.

Animal studies with the structurally related chloroquine, have shown reproduction toxicity at high maternal exposure. In humans, hydroxychloroquine crosses the placenta and blood concentrations in the foetus are similar to maternal blood concentrations.

Data from a population-based cohort study including 2045 hydroxychloroquine exposed pregnancies suggests a small increase in the relative risk (RR) of congenital malformations associated with hydroxychloroquine exposure in the first trimester (n = 112 events). For a daily dose of greater than or equal to 400 mg the RR was 1.33 (95% CI, 1.08 – 1.65). For a daily dose of < 400 mg the RR was 0.95 (95% CI, 0.60 – 1.50).”

Some cases of phospholipidosis and aggravation of myasthenia gravis symptoms with hydroxychloroquine and has been Identified and updated in hydroxychloroquine Product Information to inform Healthcare Professionals and Patients.

Reference:

HPRA: http://www.hpra.ie/img/uploaded/swedocuments/Licence_PA0540-155-001_11072024154628.pdf

Call for reporting

Healthcare professionals are asked to report any suspected adverse reactions via the Egyptian reporting system:

Name: General Administration for Pharmaceutical Vigilance

Email: pv.followup@edaegypt.gov.eg

Online reporting: https://primaryreporting.who-umc.org/EG
QR Code:

Hotline: 15301