

## Retinal screening for patients on hydroxychloroquine and chloroquine

Guidance from the [Royal College of Ophthalmologists](#) (RCOphth) has been updated and states baseline testing for new initiators of hydroxychloroquine or chloroquine is no longer recommended.

Annual screening for hydroxychloroquine or chloroquine retinopathy is recommended for patients on long-term therapy. The aim is to identify at an early stage drug toxicity causing maculopathy. The screening requires specialist equipment that cannot currently be provided from high street optometrists and is recommended annually after 5 years of cumulative treatment for patients on hydroxychloroquine and annually after 1 year of cumulative treatment for patients on chloroquine.

If additional risk factors are present, monitoring may be started 1 year after hydroxychloroquine therapy is initiated, for example, patients taking more than 5mg per kg per day, those also taking Tamoxifen, and those with renal impairment (in line with [BNF guidance](#) this is an eGFR less than 60 mL/minute/1.73 m<sup>2</sup>).

The Royal Cornwall Hospital's NHS Trust (RCHT) has a service to monitor hydroxychloroquine and chloroquine retinopathy for patients within the RCHT catchment area in Cornwall.

Patients will be invited to attend a non-urgent routine screening which will include retinal scans, fundus photography and if appropriate central visual field tests. The results will be reviewed virtually by an ophthalmologist and reported back to the patients' GP with a copy sent to the patient. If the tests find possible drug related maculopathy, the GP and prescribing physician will need to consider stopping or changing the treatment. Please contact the initiating consultant should this occur.

The RCHT eye department will host the screening service and manage all future patient recalls of the patients referred into them.

### Action required from general practice

- Run a search to identify all patients prescribed hydroxychloroquine or chloroquine, ensure that branded medication is included- Quinoric (hydroxychloroquine), Avloclor (chloroquine), Malarivon (chloroquine).
- Check whether patient is on retained list of ophthalmology patients (if they are, no further action required as ophthalmology have agreed to manage recalls).
  - RCHT business information team will supply a list of retained patients for your practice.

- RCHT ophthalmology confirm all patients seen in the RCHT hydroxychloroquine/chloroquine clinics will receive letters (also going to their GPs), stating they have undergone screening and when they are due to be followed up.
- Establish when patients were started on medication.
  - Ensure past medication is checked in case patient has started and stopped medication previously, or if they have been switched from a brand to generic.
  - Be aware Plaquenil (hydroxychloroquine) and Nivaquine (chloroquine) have been discontinued but patients may have been taking this in the past.
- Note that for rheumatology patients, patient should have a yearly review in line with quality and outcomes framework (QOF) indicator RA002, requirement to refer for monitoring should be checked during this review.

## Hydroxychloroquine

- For patients on ophthalmology retained list no further action is required.
- For patients who have been prescribed hydroxychloroquine for 4.5 years (or earlier if additional risk factors present) and have not yet been referred please follow referral process below
- For patients who have been prescribed hydroxychloroquine for less than 4.5 years and do not have additional risk factors please add a flag to their record to prompt referral at 4.5 years after initiation if still on hydroxychloroquine (if additional risk factors are noted in the meantime, for example, if patient starts tamoxifen, please refer earlier).
- Practices should identify a consistent method to add flags to patient records.

## Chloroquine

- For patients on ophthalmology retained list no further action is required.
- For patients who have been prescribed chloroquine for 6 months and have not been referred please follow referral process below.
- For patients who have been prescribed chloroquine for less than 6 months please add a flag to their record to prompt referral at 6 months after initiation if still on chloroquine.
- Practices should identify a consistent method to add flags to patient records.

## Referrals

Please refer all patients who are within the RCHT catchment area to the routine hydroxychloroquine screening service at RCHT.

All referrals should be made via the e-Referral Service (e-RS) and contain the following information:

- name of drug
- dose
- month and year the drug was started

- if referring early (before 4.5 years for hydroxychloroquine) specify any additional risk factors present

We have developed a patient referral template letter (see GP hydroxychloroquine or chloroquine [referral letter template](#)) that you may use to inform your patients of the referral.

Once the patient has been referred into the screening service, RCHT will manage all future recalls reporting back to the patients' GP as appropriate. If you have any questions, please contact the RCHT macular service co-ordinators on 01872 253402.

## Frequently asked questions

### Why has guidance changed on baseline assessment?

In line with guidance from the [RCOphth](#), baseline testing for new initiators of hydroxychloroquine or chloroquine is no longer recommended. This amendment is supported by recent evidence of a low rate of drug discontinuation as a result of baseline testing (less than 4%). Furthermore, it is recognised that a significant proportion of patients discontinue hydroxychloroquine in the first five years of therapy.

Although the BNF still recommends baseline testing for hydroxychloroquine and chloroquine the RCHT service lead has confirmed they will follow guidance from RCOphth.

### Guidance was released in 2019 which said consultants would refer at initiation, is this still happening?

The previous guidance asked GPs to refer all patients currently on hydroxychloroquine or chloroquine to ophthalmology in September 2019, consultants would then notify ophthalmology of any patients newly initiated after this date. Not all patients were referred, which has created some confusion about who has already been referred and who requires referral.

Although consultants had notified ophthalmology of new initiators, following release of guidance that baseline testing was no longer recommended a number of patients have been discharged from the service by RCHT. It was also noted that as a significant proportion of patients discontinue hydroxychloroquine in the first 5 years of therapy, referral by the consultant may no longer be relevant as baseline testing is no longer a requirement.

To ensure all patients are referred appropriately, it is felt that the safest and most robust process will be to review all patients not on the retained ophthalmology list and refer or add a flag on to the patients record at the GP practice depending on whether monitoring is due.

## **My patient has moved practice- how do I know when they started their treatment?**

In this scenario, the dermatology or rheumatology team may be able to help by checking hospital letters. Please contact them at RCHT.

Practice staff at RCHT facing practices are eligible for 'read only' access to MAXIMS, please complete the training for practice-based GP's and staff on the [training portal](#).

On successful completion the account will be created, the MAXIMS team will then contact the user with their private logon details. MAXIMS holds information from RCHT, including clinical correspondence, outpatient noting and reporting of diagnostic procedures.