1st November 2018

Dear Colleague

**Hydroxychloroquine and Retinal Screening**

Hydroxychloroquine is used routinely in the early arthritis pathway for new onset rheumatoid arthritis alongside methotrexate and is also used in connective tissue diseases. It is normally initiated by rheumatologists or dermatologists with prescribing being shared with GPs after a period of stabilisation.

Recent guidance from the Royal College of Ophthalmologists\(^1\) has quantified the risk of retinopathy, as a result of long term use of hydroxychloroquine. Evidence suggests the prevalence of hydroxychloroquine retinopathy has been underestimated and recommends a hospital based screening programme for patients to provide assurance that current treatment regimens are within safe parameters.

In Sheffield, we have devised a pathway to address this latest guidance where the retinal screening service will be provided by STH Ophthalmology department:

As patients are started on hydroxychloroquine, they will have a baseline retinal screen usually at 3 months but certainly within 12 months of starting, organised by the specialist. The specialist will also arrange a follow up retinal screen after 5 years of treatment with hydroxychloroquine.

For existing patients who have been on hydroxychloroquine for:
- ≥4 years duration, patients will be recalled for an annual retinal screen;
- < 4 years duration, patients will have a one off retinal screen but will be recalled at 5 years

As a result of this guidance, patients on hydroxychloroquine should continue to have a regular usual eye test at their local high street optometrist. But if patients have so far not had a baseline / follow up retinal screen at STH Ophthalmology department, patients should be encouraged to discuss this with their GP or specialist.

We hope that this letter provides clarification with regard to local arrangements for retinal screening in patients treated with hydroxychloroquine.

Should you have any queries regarding the above please contact:
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