

Canadian Rheumatology Association Position Statement on Hydroxychloroquine Monitoring Guidance for Optical Coherence Tomography

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The antimalarial drugs, hydroxychloroquine (HCQ) and rarely chloroquine, are essential drugs in the treatment of rheumatic diseases. HCQ is currently the only anti-malarial drug available in Canada for the treatment of rheumatic diseases.

As with all medications, HCQ use requires monitoring. Retinal toxicity is an important potential side effect (1,2). Retinopathy is irreversible, so early recognition through regular ocular monitoring is important to prevent permanent central vision loss. The American Academy of Ophthalmology recommends fundus screening with visual fields plus spectral-domain optical coherence tomography (OCT) at baseline and annually after 5 years of treatment (3). We recognize that many patients may require more frequent monitoring due to risk factors.

The standard of care for monitoring hydroxychloroquine chronic use in Canada includes: Central visual field testing and objective testing such as imaging with spectral-domain optical coherence tomography (SD-OCT). At minimum, initial baseline screening is recommended in the first year of anti-malarial treatment, and then annually after five years of treatment except for those with comorbidities or age-related risk factors who require annual screening.

It is important that annual visits, including central visual field testing and SD-OCT, be publicly reimbursed, especially if there is no other alternative payer, in order to ensure safe prescribing of hydroxychloroquine.

REFERENCES

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