Guidance on Hydroxychloroquine

Hydroxychloroquine is a medication used to treat several connective tissue disorders, including rheumatoid arthritis, systemic lupus erythematosus and dermatomyositis. It has a narrow therapeutic window and is associated with several significant adverse effects which are likely to be incompatible with certification. These can be of delayed and unpredictable onset, occurring years after starting or stopping treatment. The total dose received is a factor in the likelihood of developing these.

The primary ophthalmic concern is the development of retinopathy. Cardiac concerns include rhythm disorders and cardiomyopathy. Neuropsychiatric concerns include depression, anxiety, hallucinations and psychosis, as well as a reduced seizure threshold.

For applicants who have not yet commenced treatment with hydroxychloroquine, an alternative should always be sought in the first instance. Where no alternative treatment is available, the applicant should be counselled on both the short and long-term implications for certification.

For applicants who have been commenced on treatment, they must be established on a stable dose for at least 8 weeks and undergo the following before recertification could be considered:

- baseline and annual optometry review for maculopathy, including optical coherence tomography
- baseline and annual cardiology review including 24-hour Holter and echocardiogram
- baseline and annual psychiatric assessment (this can be undertaken by an AME)

Development of maculopathy, cardiomyopathy or neuropsychiatric complications from treatment should be discussed with a Civil Aviation Authority (CAA) medical assessor.

Subject to satisfactory baseline testing, the following classes of certification can be considered:

- Class 1 OML
- Class 2 Unrestricted / OSL / OPL
- Class 3 Unrestricted
- Class LAPL Unrestricted /OSL / OPL