Ophthalmology Subcommittee of PTAC
Meeting held 9 March 2012

(minutes for web publishing)

Ophthalmology Subcommittee minutes are published in accordance with the *Terms of Reference for the Pharmacology and Therapeutics Advisory Committee (PTAC) and PTAC Subcommittees 2008*.

Note:

- that this document is not necessarily a complete record of the Ophthalmology Subcommittee meeting; only the relevant portions of the minutes relating to Ophthalmology Subcommittee discussions about an Application or PHARMAC staff proposal that contain a recommendation are generally published.
- that any part of the minutes relating to hospital pharmaceuticals and the establishment of a national Preferred Medicines List (PML) will be released, in a complete publication with the original Hospital Pharmaceuticals Subcommittee minutes and final recommendations made by PTAC, once PTAC have reviewed each therapeutic group.

The Ophthalmology Subcommittee may:

(a) recommend that a pharmaceutical be listed by PHARMAC on the Pharmaceutical Schedule and the priority it gives to such a listing;
(b) defer a final recommendation, and give reasons for the deferral (such as the supply of further information) and what is required before further review; or
(c) recommend that PHARMAC decline to list a pharmaceutical on the Pharmaceutical Schedule.

These Subcommittee minutes were reviewed by PTAC at its meeting on 10 & 11 May 2012, the record of which will be available in July 2012.

1 Clinically recommended action points

The Subcommittee **recommended** that PHARMAC

1.1 list preservative free lubricating eye drops under a Special Authority for slit lamp proven dry eyes with a medium priority;

1.2 list prednisolone sodium phosphate eye drops 0.5%, single dose, under a Special Authority for severe allergic dry eyes with a medium priority;

1.3 list at least one of each of the thin, thick, gel and ointment lubricating eye preparations in the Community Schedule with a medium priority;

2 Preservative free eye drops

2.1 The Subcommittee noted that approximately 30% of the population may have mild dry eyes. Members noted that a significant amount of dry eye was due to rapid evaporation of tears and resulted from inflammation of the eyelid. Members considered that treatment to reduce inflammation would resolve dry eyes for this patient group.

2.2 The Subcommittee noted that certain preservatives are toxic to the cornea and that patients who are heavy users (four or more instillations daily) are likely to be affected by this. The Subcommittee considered that for intermittent users of eye drops (less than four times a day) preservatives would be unlikely to be a problem.

2.3 The Subcommittee noted that in some cases dry eyes were associated with mild staphylococcal infections and for these cases the preservatives in eye drops were beneficial.

2.4 The Subcommittee considered that there were certain patient groups who would benefit from preservative free eye drops. Members noted that patients with Sjögren's syndrome (with diagnosed dry eye), neurotrophic keratopathy, atopic blepharitis, severe epitheliopathy and chemical injuries and those with proven allergic reaction to preservatives may benefit. Members considered that the allergic reaction would usually present with itch, swelling, papillae and mucous and would be confirmed by improvement on cessation of treatment which worsened on restarting The Subcommittee considered that 1-5% of the population would benefit from preservative free eye drops as detailed above and that treatment should be targeted.

2.5 The Subcommittee considered that dry eyes should be diagnosed with a slit lamp prior to the prescribing of preservative free eye drops to ensure appropriate diagnosis of secretory tear deficiency.

2.6 The Subcommittee considered that a minimum of a one thin, one thick , one gel and one ointment preparation for dry eyes was required to ensure appropriate therapy could be provided for patients.

Chair

2.7 One member noted that there were ongoing trials using serum for patients with severe dry eye and these trials looked promising.

2.8 The Subcommittee **recommended** listing preservative free lubricating eye drops under the following Special Authority with a medium priority:

> Initial application from any relevant practitioner
> Approvals valid for 12 months for patients meeting the following criteria:
> Both:
> 1 Confirmed diagnosis by slit lamp of severe secretory dry eye; and
> 2 Either:
> 2.1 Patient is using eye drops more than four times daily on a regular basis; or
> 2.2 Patient has had a confirmed allergic reaction to preservative in eye drop;
> Renewal from any relevant practitioner
> Approvals valid for 24 months for patients meeting the following criteria:
> Both:
> 1 Confirmed diagnosis by slit lamp of severe secretory dry eye; and
> 2 Either:
> 2.1 Patient is using eye drops more than four times daily on a regular basis; or
> 2.2 Patient has had a confirmed allergic reaction to preservative in eye drop;

2.9 The Subcommittee noted that prescriber education was needed regarding secretory dry eyes and considered a BPAC campaign may be beneficial.

2.10 The Subcommittee noted the tabled presentation of sodium hyaluronate in the new preservative free multi dose bottle. Members considered that this presentation would be acceptable as a preservative free eye drop in the thin/thick category of dry eye preparations.

2.11 The Subcommittee noted that a preservative free prednisolone sodium phosphate eye drop would be beneficial.

2.12 Members considered that it would be appropriate for Ophthalmologists to initiate this treatment.

2.13 The Subcommittee **recommended** listing prednisolone sodium phosphate eye drops 0.5%, single dose, under the following Special Authority with a medium priority:

> Initial application from Ophthalmologist
> Approvals valid for 6 months for patients meeting the following criteria:
> 1 Patient has severe inflammation; and
> 2 Patient requires long term treatment with steroid;
> Renewal from Ophthalmologist
> Approvals valid for 6 months for patients meeting the following criteria:
> 1 Patient has severe inflammation; and
> 2 Patient requires long term treatment with steroid