



SPECIALIST PRESCRIBING RESTRICTIONS *Removed for some topical eye treatments*

Specialist prescribing restrictions have been removed from some topical eye treatments from 1st October 2007. These include medications from the following groups.

- Antiviral
- Antibacterial
- Steroidal anti-inflammatory
- Non-steroidal anti-inflammatory
- Intraocular pressure reducing

Key points

- Although general practitioners can now initiate some topical eye treatments, it does not mean they should.
- Significant corneal disease, intraocular inflammation and glaucoma still require specialist diagnosis and management.
- Primary care will still be involved in the ongoing support and education of people with these conditions and the continuation of the medications used to treat them.

High risk situations requiring specialist skills

Some of these medications are used when there is high risk of visual loss and their misuse can increase this risk. Initiation and monitoring require high levels of knowledge, skills and experience of a specialist nature as well as the availability and ability to use specialist equipment. For example:

- Slit-lamp examination is needed for accurate diagnosis and monitoring of intraocular inflammation, such as iritis and keratitis, and ulceration of the cornea.
- Accurate diagnosis and monitoring for adequacy of treatment of glaucoma requires accurate detailed assessment of intraocular pressure, the optic disk and visual fields.
- Accurate distinction between infective and non-infective inflammatory conditions is essential because medications, such as steroid drops, used for some conditions, will make others much worse.
- Use of steroid drops for more than ten days requires, monitoring for steroid-induced glaucoma.

Primary care role still important

Although primary care is often not equipped to initiate and monitor treatment for these conditions, it still plays a valuable role. People will still look to primary care for support, education and continuation of treatment. Clinicians, particularly prescribers, need to understand the actions of these medications and how to avoid and identify possible adverse effects. For example:

- Some topical preparations e.g. beta-blockers, are sufficiently absorbed to cause systemic effects.
- Unless medically indicated, soft contact lenses should not be used for the duration of treatment with eye drops and ointments.
- However, it is safe to replace contact lenses 15 minutes after use of some drops.
- Application of gentle pressure to the tear duct after instilling drops increases exposure of the anterior eye tissues to the treatment and reduces systemic absorption. This is especially advisable in children .

Resource for updating primary care clinicians about eye medications

bpac^{nz} does not expect to see changes in the way general practitioners use topical eye medications as a result in this change in availability. However it does offer an opportunity to update knowledge in this area.

To help with this bpac^{nz} is producing a more detailed guide to update GPs about topical eye treatments. This will be available in the next issue of BPJ.