

**SOUTH AFRICAN PRIMARY HEALTHCARE LEVEL ESSENTIAL MEDICINES LIST
CHAPTER 18: EYE CONDITIONS
NEMLC RECOMMENDATIONS FOR MEDICINE AMENDMENTS (2020)**

Medicine amendment recommendations, with supporting evidence and rationale are listed below.

Kindly review the medicine amendments in the context of the eye chapter.

Note: The PHC eye chapter has been updated to align to previous NEMLC recommendations as well as the recent NEMLC-approved Adult Hospital Level STGs and EML, 2019 edition.

SECTION	MEDICINE	ADDED/DELETED/AMENDED/NOT ADDED/ RETAINED
18.1.1 Conjunctivitis, allergic		
- Non-responsive to 1 st line treatment (oxymetazoline)/ history of recurrent (seasonal)/chronic allergic conjunctivitis	Anti-allergic eye drops	Added as a therapeutic class
	Sodium cromoglycate, 2 % eye drops	Retained as an example of class (anti-allergic eye drop)

18.1.1 CONJUNCTIVITIS, ALLERGIC

Non-responsive to 1st line treatment (oxymetazoline)/ history of recurrent (seasonal)/chronic allergic conjunctivitis:

Anti-allergic eye drops: recommended as a therapeutic group (consisting of mast cell inhibitor eye and mast cell inhibitor/antihistamine eye drops – see list below)

Evidence: Further to the Owen et al meta-analysis (2004), previously reviewed for inclusion of sodium cromoglycate eye drops to the PHC EML; the Cochrane review by Castillo et al, 2015¹ was reviewed - low quality RCTs were reviewed of either RCTs comparing various agents (antihistamines and mast cell stabilisers) or vs placebo. However, RCTs were very heterogeneous and only evaluated short-term effects, ranging from one to eight weeks treatment duration. Meta-analysis was only possible for RCTs comparing olopatadine vs ketotifen, but should be interpreted with caution as studies were of low methodological quality.

The authors concluded that there was some evidence suggesting that topical antihistamines and mast cell stabilisers were safe and efficacious in reducing symptoms and signs of seasonal allergic conjunctivitis compared to placebo. However, there is insufficient evidence to determine whether antihistamines or mast cells are the most effective. Furthermore, there is a paucity of good quality evidence with sufficient follow-up time for management of seasonal/perennial allergic conjunctivitis.

Guidelines² recommends mast cell stabilisers or antihistamine/mast cell stabilisers for recurrent or persistent allergic conjunctivitis.

Recommendation: Given the continuous supply challenges of cromoglycic acid 2%, the following topical dual antihistamine/mast cell stabilizer anti-allergic eye drops are recommended to be grouped in a therapeutic group and listed on the PHC Therapeutic class spreadsheet, accordingly:

¹ Castillo M, Scott NW, Mustafa MZ, Mustafa MS, Azuara-Blanco A. Topical antihistamines and mast cell stabilisers for treating seasonal and perennial allergic conjunctivitis. Cochrane Database Syst Rev. 2015 Jun 1;(6):CD009566. <https://www.ncbi.nlm.nih.gov/pubmed/26028608>

² Varu DM, Rhee MK, Akpek EK, Amescua G, Farid M, Garcia-Ferrer FJ, Lin A, Musch DC, Mah FS, Dunn SP; American Academy of Ophthalmology Preferred Practice Pattern Cornea and External Disease Panel. Conjunctivitis Preferred Practice Pattern®. Ophthalmology. 2019 Jan;126(1):P94-P169. <https://www.ncbi.nlm.nih.gov/pubmed/30366797>

Medicine	Directions for use	Price (ZAR)* <i>Ex manufacturer</i>	ml	Daily dose (ml) both eyes**	Price for 30 days (ZAR)
cromoglicic acid 2%,	1 drop 6 hourly	41.80	13.5	0.4	37.16
Iodoxamide 0.01%	1 drop 6 hourly	194.52	10	0.4	233.42
olopatadine 0.1%	1 drop 12 hourly	166.57	5	0.2	199.88
epinastine 0.05%	1 drop 12 hourly	152.31	5	0.2	182.78
ketotifen 0.025%,	1 drop 12 hourly	174.44	5	0.2	209.32
azelastine 0.05%	1 drop 12 hourly	51.10	10	2	30.66

* Cheapest product listed on SEP database, accessed March 2020

** 1 drop = 0.05mL

Level of Evidence: II Systematic review and meta-analysis of low to moderate quality RCTs, Guidelines