

A Review on Ophthalmic inserts

Anand kumar¹, Abhishek Nagar², Dr. Mahesh kumar Gupta³

¹UG Scholar, Career Point School of Pharmacy, Career Point University, Kota, India

²Assistant Professor, Career Point School of Pharmacy, Career Point University, Kota, India

³ Professor, Career Point School of Pharmacy, Career Point University, Kota, India

Email: kumaranand13720@gmail.com, abhishek.nagar@cpur.edu.in, m.k.gupta35@gmail.com

Abstract—Ophthalmic inserts are small, sterile devices designed for insertion into the eye for therapeutic or diagnostic purposes. These inserts can be made of various materials, including polymers, hydrogels, and silicone. They are used to release drugs or provide sustained delivery of therapeutic agents to the eye, and can be designed to release the drug over a period of hours, days, or weeks. Ophthalmic inserts have numerous advantages over traditional eye drops, including improved drug delivery, reduced dosing frequency, and enhanced patient compliance. They can also improve therapeutic outcomes and reduce the risk of systemic side effects.

Keywords— Chronic ocular diseases Drug loading capacity Sustained release profiles(key words)

I. INTRODUCTION

Ophthalmic inserts are specialized devices that are designed to deliver drugs to the eye over an extended period of time. They are made of biocompatible polymers that slowly release the drug, and they can take different shapes and sizes, including rods, discs, and films. Ophthalmic inserts have gained popularity due to several advantages they offer over traditional eye drops, including increased drug bioavailability, reduced systemic side effects, and enhanced patient compliance. They are especially useful in the treatment of chronic ocular diseases, such as glaucoma and uveitis, where sustained drug delivery is required for optimal therapeutic outcomes. Despite these benefits, ophthalmic inserts still face several challenges, including difficulty in achieving sustained drug release and limited drug loading capacity. Research in the field aims to overcome these limitations and to develop new materials and technologies to enhance the performance of ophthalmic inserts, and to provide better treatment options for patients with ocular diseases. The anatomy, physiology and biochemistry of the eye render this organ exquisitely impervious to foreign substances. The challenge in front of formulator is to circumvent the protective barriers of the eye without causing permanent tissue damage. The development of newer, more sensitive diagnostic techniques and therapeutic agents renders urgency to the development of maximum successful and advanced ocular drug delivery systems. The goal of pharmacotherapeutics is the attainment of an effective drug concentration at the intended site of action for a desired period of time. Eye, as a portal for drug delivery is generally used for the local therapy as against systemic therapy in order to avoid the risk of eye damage from high blood concentrations of drug which are not intended for eye..

II RECENT TRENDS IN OCULAR DELIVERY SYSTEM

Recent trends in ocular drug delivery systems have focused on improving drug efficacy, patient compliance, and reducing side effects. Some of the recent advancements in ocular drug delivery systems include

1. Nanotechnology-based drug delivery: Nanoparticles can be engineered to release drugs over a sustained period of time and can target specific ocular tissues. This approach has shown promise in treating conditions such as age-related macular degeneration (AMD), glaucoma, and uveitis.

2. Hydrogels and mucoadhesive polymers: These materials can enhance drug retention time on the ocular surface, leading to improved efficacy and reduced dosing frequency.

3. Contact lenses for drug delivery: Contact lenses can be designed to release drugs into the eye over a prolonged period of time. This approach has been studied for the treatment of conditions such as glaucoma and dry eye syndrome.

4. Micro- and nanoscale drug delivery devices: Micro- and nanoscale devices can be implanted into the eye to release drugs over a prolonged period of time. These devices can also be designed to respond to changes in the ocular environment, such as changes in intraocular pressure

The following recent trends are:-2, 9, 14, 15, 16. From the below newer approaches, the sensitive, successful extended duration and controlled release ocular delivery systems like ocular inserts, are being developed in order to attain better ocular bioavailability and sustained action of ocular drugs. Utilization of the principle of controlled release as embodied by ocular inserts therefore offer an attractive alternative approach to the difficult problem of prolonging precorneal drug residence time.

5. Gene therapy: Gene therapy has the potential to treat inherited ocular disorders by replacing or repairing defective genes. This approach has shown promise in the treatment of conditions such as retinitis pigmentosa and Leber congenital amaurosis

➤ In summary, recent advancements in ocular drug delivery systems offer promising approaches to improve the treatment of ocular diseases and disorders. These approaches can improve drug efficacy, reduce dosing frequency, and enhance patient compliance, ultimately improving patient outcomes and quality of life.

Mucoadhesive dosage forms.

- a) Ocular inserts.
- b) Collagen shields or corneal shields.
- c) Artificial tear inserts.
- d) Drug-pres soaked hydrogel type contact
- e) Lens.
- f) Ocular iontophoresis.
- g) Phase transition systems.

Classification of Ocular Insert (Based upon their solubility)

1. INSOLUBLE OCULAR INSERTS
 2. SOLUBLE OCULAR INSERT
 3. BIOERODIBLE OCULAR INSERT

2. INSOLUBLE OPHTHALMIC INSERTS

THE INSOLUBLE INSERTS HAVE BEEN CLASSIFIED INTO THREE GROUPS: -

- I. DIFFUSION SYSTEMS
- II. OSMOTIC SYSTEMS
- III. HYDROPHILIC CONTACT LENSES

1) Diffusion systems:

- Diffusion system ophthalmic inserts are small devices that are inserted into the tear ducts of the eye to help alleviate dry eye symptoms. These inserts are designed to block the drainage channels of the tear ducts, preventing tears from draining out of the eye too quickly and helping to keep the eyes moist and lubricated.
- There are different types of diffusion system ophthalmic inserts available, made from various materials, including silicone, collagen, and hydrogel. These inserts are typically inserted by an eye care professional and can be removed or replaced as needed. The duration of their placement can vary depending on the type of insert and the individual patient.
- Diffusion system ophthalmic inserts are most commonly used to treat chronic dry eye syndrome, a condition in which the eyes do not produce enough tears or the tears evaporate too quickly, causing discomfort, irritation, and sometimes even damage to the cornea. These inserts can be particularly beneficial for people who have difficulty tolerating traditional eye drops or other medications.
- While diffusion system ophthalmic inserts are generally safe, there are some potential risks and side effects, including infection, discomfort, and blockage of the tear ducts. It is important to discuss the risks and benefits of this treatment option with an eye care professional before undergoing the procedure.

2) Osmotic systems

Osmotic ophthalmic inserts are a type of medical device used in ophthalmology. They are small, biocompatible devices designed to deliver drugs directly to the eye. These inserts utilize osmotic principles to release medication gradually and consistently over an extended period.

Here's how osmotic ophthalmic inserts generally work:

1.Design: Osmotic inserts typically consist of a drug reservoir, a semipermeable membrane, and a small laser-drilled hole in the membrane. The drug reservoir contains the medication in solid or liquid form.

2.Insertion: The insert is placed inside the eye, usually in the lower eyelid's conjunctival fornix, by an ophthalmologist or eye care professional. The exact location may vary depending on the specific design of the insert.

3.Osmotic Pressure: Once inserted, the osmotic insert utilizes the difference in osmotic pressure between the interior of the device and the surrounding ocular fluids. This creates a gradient that drives fluid into the device.

4. Drug Release: As fluid enters the insert through the laser-drilled hole, it dissolves or solubilizes the drug in the reservoir, forming a solution. The solution is then gradually released through the semipermeable membrane at a controlled rate.

5. Continuous Delivery: The osmotic inserts provide sustained drug delivery over an extended period, typically ranging from several days to several months. The release rate is predetermined during the manufacturing process and remains relatively constant throughout the device's lifespan.

6. Patient Monitoring: During treatment, the patient's ophthalmologist may monitor their progress and adjust the dosage or replace the insert as needed.

Osmotic ophthalmic inserts offer several advantages in ocular drug delivery:

7. Improved Compliance: They eliminate the need for frequent administration of eye drops, making it more convenient for patients and reducing the chances of missed doses.

8. Consistent Drug Levels: Osmotic inserts provide a steady release of medication, ensuring a constant therapeutic concentration in the eye over time.

9. Reduced Side Effects: By delivering drugs directly to the eye, osmotic inserts minimize systemic absorption, reducing the potential for systemic side effects.

10. Extended Duration: These inserts can provide sustained drug delivery, reducing the frequency of treatments and enhancing patient comfort.

It's important to note that specific details about osmotic ophthalmic inserts, such as their design, drug compatibility, and indications, may vary depending on the product and manufacturer. Therefore, it's always essential to consult with a qualified healthcare professional for accurate and up-to-date information.

iii. Hydrophilic contact lenses

"Hydrophilic contact lenses, also known as soft contact lenses, are a popular type of vision correction device that is made from hydrophilic (water-loving) materials. These lenses are designed to be comfortable, flexible, and allow oxygen to pass through to the cornea, providing a healthier option for vision correction compared to rigid gas permeable (RGP) lenses.

Material: Hydrophilic lenses are made from soft, gel-like materials that contain a high percentage of water. The most common material used is hydrogel, which is a water-absorbing polymer. More recent advancements have introduced silicone hydrogel materials, which offer improved oxygen permeability.

Flexibility and Comfort: The soft and pliable nature of hydrophilic lenses allows them to conform to the shape of the eye, providing a comfortable fit. They tend to be more comfortable upon initial wear and require less adaptation time compared to RGP lenses.

Water Retention: The hydrophilic nature of the lens material enables it to retain moisture, which helps keep the lenses lubricated and hydrated. This feature contributes to improved comfort throughout the day.

Oxygen Permeability: Hydrophilic lenses are designed to allow oxygen to pass through the lens material and reach the cornea, ensuring adequate oxygen supply to the eye. This helps maintain eye health and reduces the risk of complications associated with low oxygen levels.

Disposable Options: Hydrophilic contact lenses are available in various wearing schedules, including daily disposables, biweekly or monthly disposables, and extended wear options. Daily disposable lenses are popular for their convenience and hygiene, as they are discarded after each use.

Wide Range of Corrective Powers: Hydrophilic lenses are available in a wide range of corrective powers to address various refractive errors, including nearsightedness (myopia), farsightedness (hyperopia), astigmatism, and presbyopia.

Colored and Cosmetic Options: Hydrophilic contact lenses also come in colored and cosmetic variants, allowing individuals to change or enhance their eye color for cosmetic purposes.

Here are some key characteristics and features of hydrophilic contact lenses:

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It's important to note that while hydrophilic contact lenses offer several advantages, they also have some considerations:

Care and Maintenance: Proper lens care and cleaning routines are crucial to maintaining eye health and preventing infections. Following the prescribed cleaning and disinfection regimen recommended by your eye care professional is essential.

Sensitivity: Some individuals may experience sensitivity or allergies to certain lens materials or contact lens solutions. If you experience discomfort or irritation, it's important to consult with your eye care professional.

Replacement Schedule: It's essential to follow the recommended replacement schedule for your specific type of hydrophilic lenses to ensure optimal vision and eye health.

Before using hydrophilic contact lenses, it's important to undergo a comprehensive eye examination and consultation with an eye care professional. They will assess your eye health, prescribe the appropriate lenses, and provide guidance on proper usage, care, and maintenance to ensure a safe and comfortable wearing experience.

Further, it is classified into two types

: • Pilo-20

• Pilo-40

Pilo-20 releases pilocarpine at a rate of twenty micrograms per hour for the first week and then at a rate of forty micrograms per hour for the second week. On the other hand, Pilo-40 releases pilocarpine at a constant rate of forty micrograms per hour for two weeks.

Pilocarpine is a medication used to lower intraocular pressure in the eye, especially in conditions such as glaucoma. The pilocarpine alginate is the form of pilocarpine used in the inserts and is enclosed in a thin EVA (ethylene-vinyl acetate) membrane to regulate the release of the drug and protect it from degradation.

It's important to note that specific details about the drug, dosage, and the ophthalmic inserts may vary depending on the specific product and manufacturer. Therefore, it is always best to consult with a healthcare professional or refer to the product labeling for accurate and detailed information.

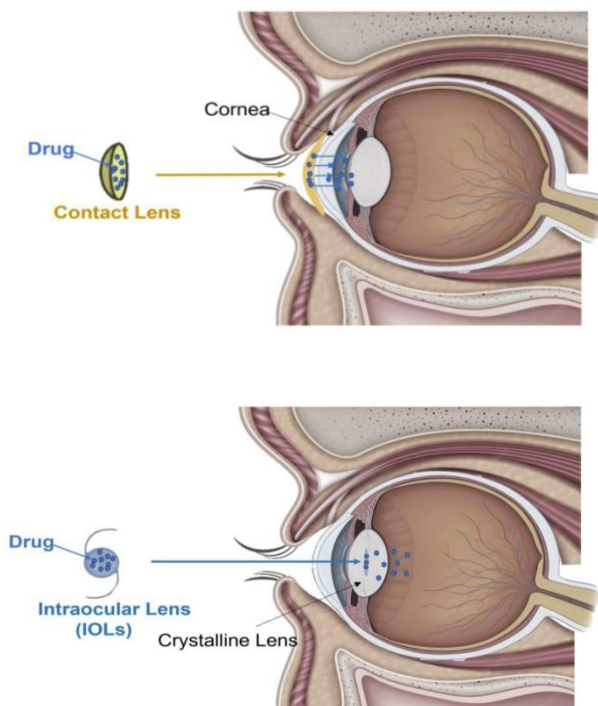


Figure- Novel Treatment of Eye

II. AKNOWLEDGEMENT

The mechanical properties of ocular inserts can vary depending on their specific design and composition. However, here are some general mechanical properties associated with ocular inserts:

1. **Size and Shape:** Ocular inserts are typically small, ranging in size from a few millimeters to a centimeter in diameter. They can have various shapes, such as discs, cylinders, or rings, depending on the intended application and desired drug release profile.
2. **Flexibility:** Ocular inserts often possess a certain degree of flexibility to allow for comfortable insertion and conform to the shape of the eye. This flexibility enables them to fit the curvature of the ocular surface and reduces discomfort during wear.
3. **Mechanical Strength:** Ocular inserts need to have sufficient mechanical strength to withstand the forces exerted during insertion and while in the eye. They should be able to retain their shape and integrity without deformation or breakage.
4. **Swelling or Expanding Ability:** Some ocular inserts are designed to swell or expand upon contact with tear fluid. This property allows them to adhere to the ocular surface, ensuring prolonged drug release and preventing their expulsion from the eye.

5. Biodegradability: Depending on the intended duration of therapy, ocular inserts can be designed to biodegrade over time. Biodegradable inserts gradually degrade within the eye, eliminating the need for removal, and reducing the risk of complications.
6. Lubricity: Ocular inserts may incorporate lubricious coatings or materials to reduce friction and
7. improve comfort during insertion and wear. This property helps minimize irritation or damage to the ocular tissues.

The physicochemical properties of ocular inserts include:

1. Drug Compatibility: Ocular inserts should be compatible with the specific drug or active ingredient they are intended to deliver, ensuring stability and effectiveness of the medication.
2. Solubility: The solubility of the ocular insert material in tear fluid is important to ensure proper dissolution and drug release.
3. Permeability: Ocular inserts should have appropriate permeability to allow for the diffusion of drugs or therapeutic agents from the insert to the ocular tissues.
4. Biocompatibility: The materials used in ocular inserts should be biocompatible, meaning they do not cause irritation, inflammation, or damage to the ocular tissues.
5. Optical Transparency: Ocular inserts should be optically transparent to minimize visual disturbances or interference with vision when placed in the eye.
6. Stability: Ocular inserts should maintain their structural integrity and drug release properties over the intended duration of therapy, without degradation or loss of effectiveness.
7. Water Content: Some ocular inserts, such as hydrogels, may have a specific water content to provide hydration to the ocular surface and enhance comfort.
8. pH Sensitivity: Certain ocular inserts can be designed to respond to changes in pH within the eye, triggering specific drug release patterns or actions.

These physicochemical properties are essential for ensuring the safety, efficacy, and functionality of ocular inserts as drug delivery systems in ophthalmic applications.

Table 1: Mechanical properties of Ocular Inserts

Table 2: The Physiochemical properties of Ocular Inserts

Formulations	Weight variation±S.D	Thickness(mm)±S.D	Folding endurance±S.D	Surface pH	%Moisture reabsorption±S.D	Drug content±S.D
F1	0.99±0.02	0.15±0.01	28.66±2.08	7.3	1.49±0.07	96.6±0.87
F2	0.95±0.07	0.14±0.05	29.67±4.35	7.4	1.02±0.10	97.63±0.66
F3	1.01±0.02	0.15±0.01	22.33±2.51	7.4	1.54±0.42	98±0.6
F4	1.00±0.02	0.15±0.01	25±6.65	7.2	1.5±0.45	99.3±0.1
F5	0.97±0.04	0.14±0.01	32±1.01	7.2	1.47±0.75	96.6±0.2
F6	1.03±0.02	0.15±0.05	30.33±3.21	7.2	1.14±0.17	96.66±1.18
F7	0.99±0.03	0.14±0.05	33.3±3.78	7.3	1.21±0.17	95.53±0.41
F8	0.99±0.05	0.15±0.01	32.3±0.57	7.3	1.43±0.18	96.8±0.44
F9	0.99±0.06	0.15±0.05	37±2.64	7.2	1.35±0.18	97.63±1.3

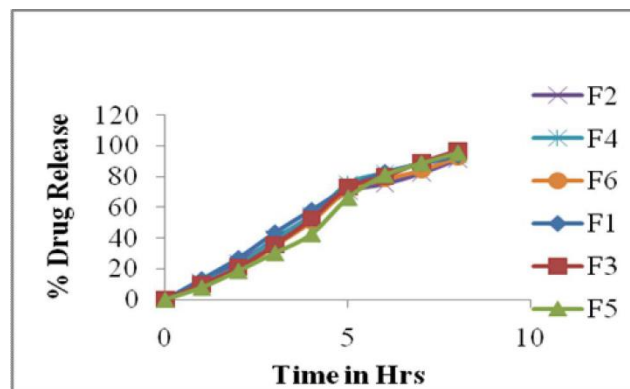


Figure: Release of Brimonidine tartrate from Eudragit RL-100 & RS-100 inserts

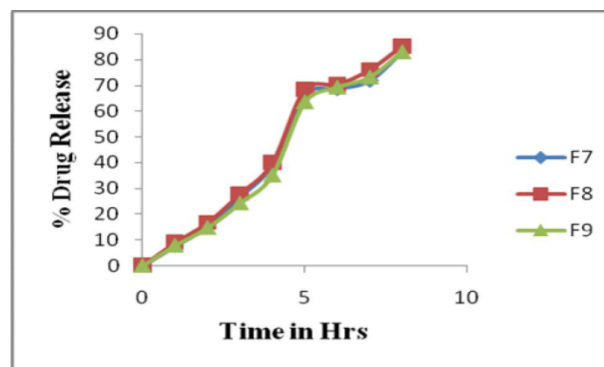


Figure: Release of Brimonidine Tartrate from HEMA inserts

III.CONCLUSION

- In conclusion, ophthalmic inserts are specialized devices used in ophthalmology for targeted drug delivery or therapeutic purposes within the eye. They can be categorized into different types based on the specific drug they contain and their release mechanisms.
- One example of ophthalmic inserts is the Pilo-20 and Pilo-40 inserts. These inserts contain pilocarpine alginate, and they release the drug at different rates over a two-week period. Pilo-20 releases pilocarpine at a rate of twenty micrograms per hour for the first week, followed by an increased rate of forty micrograms per hour for the second week. Pilo-40, on the other hand, releases pilocarpine at a constant rate of forty micrograms per hour for the entire two-week duration.
- To ensure controlled drug release and protection, both Pilo-20 and Pilo-40 inserts feature a thin EVA (ethylene-vinyl acetate) membrane surrounding the pilocarpine alginate.
- It's important to note that specific ophthalmic inserts may vary in terms of drug type, release rates, and other characteristics depending on the manufacturer and intended purpose. Therefore, it is advisable to consult with healthcare professionals or refer to the product documentation for precise and detailed information regarding a particular ophthalmic insert.

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